

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1000' EAL - 1000' EAL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <i>Casing Report</i>	<i>X</i>

5. LEASE
SF-080781

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cain

9. WELL NO.
10-E

10. FIELD OR WILDCAT NAME
Basin Dakota/Undesignated Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 15-T28N-R10W

12. COUNTY OR PARISH *San Juan* 13. STATE *New Mexico*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5878' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3-31-80 Ran 161 joints of 5-1/2", 15.50#, K-55, ST&C casing set at 6680'. Cemented 1st Stage with 170 sacks of Class "B" 50/50 Poz with 6% gel 1/4# gel flake per sack followed by 50 sacks of neat with 2% CaCl2. Plug down at 4:45 A.M. 4-01-80.

4-01-80 Cemented 2nd Stage with 200 sacks 50/50 Poz with 6% gel followed by 50 sacks of neat with 2% CaCl2. Plug down at 9:45 A.M. 4-01-80. Cemented 3rd Stage with 200 sacks of 50/50 Poz with 6% gel. Plug down at 11:45 A.M. 4-01-80. WOCT.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED *[Signature]* TITLE *Dist. Prod. Mgr.* DATE *April 2, 1980*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE *APR 17 1980*
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

BY *[Signature]*