| Form 9–331 | Budget Bureau No. 42-R1424 |
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| UNITED STATES | 5. LEASE |
| DEPARTMENT OF THE INTERIOR | SF-079583 |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| (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.) | 8. FARM OR LEASE NAME |
| | Newman "C" |
| well well other | 9. WELL NO. |
| 2. NAME OF OPERATOR | 1-E |
| Southland Royalty Company | 10. FIELD OR WILDCAT NAME Basin Dakota/Undesignated Fruitland |
| 3. ADDRESS OF OPERATOR | |
| P.O. Drawer 570, Farmington, New Mexico 8740 | AREA |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1555' FNL & 790' FWL | Section 30, T28N, R10W 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | San Juan New Mexico |
| AT TOTAL DEPTH: | 14. API NO. |
| 15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDS, AND WD) 5791' GR |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | |
| FRACTURE TREAT SHOOT OR ACIDIZE | Argan |
| REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES | MOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING | change on Form 9-330.) |
| MULTIPLE COMPLETE | |
| LBANDON* | |
| (other) Spud and Casing Report X | |
| DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is of measured and true vertical depths for all markers and zones pertined | illectionally diffied, give addatifiace recations and |
| 10-22-80 Spudded 12-1/4" surface hole at 7: | 00 P.M. 10-22-80 and drilled to a |
| total depth of 226'. Ran 5 joints | (208.17') of 8-5/8", 24#, K / 55ੈ***≥\\\\\\\\\ |
| casing set at 221'. Cemented with | 220 sacks of Class "B" with 10-29-1802 |
| flocele per sack and 3% CaCl2. Pl | 220 sacks of Class "B" with AC # 3 1930 ug down at 6:00 A.M. 10-29-280 COM. COM. |
| Cement circulated to surface. | UIST. 3 |
| | |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. Thereby certify that the foregoing is true and correct | |
| SIGNED | |

NMOCO

(This space for Federal or State office use)

_____ DATE ____