## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Dec. 1973 UNITED STATES	Budget Bureau No. 42-R1424			
DEPARTMENT OF THE INTERIOR	<b>5.</b> LEASE SF-079634			
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
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.)	7. UNIT AGREEMENT NAME			
1. oil gas well well other	8. FARM OR LEASE NAME McClanahan			
2. NAME OF OPERATOR Southland Royalty Company	9. WELL NO. #21			
3. ADDRESS OF OPERATOR P.O. Drawer 570, Farmington, NM 87401	10. FIELD OR WILDCAT NAME Bloomfield Chacra 11. SEC., T., R., M., OR BLK. AND SURVEY OR			
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	AREA Section 13, T28N, R10W			
AT SURFACE: 988' FNL & 1610' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexioc			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9-330.)			

Spud & Casing Report 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.)\*

Spudded 12-1/4" surface hole at 8:00 p.m. on 4-16-82 and drilled to a total 4-16-82 depth of 210'. Ran five joints, 8-5/8", 24#, K55 casing set at 209'. Cemented with 145 sacks Class "B", 1/4# gel flake and 3% CaCL2. Plug down at 2:15 a.m., 4-17-82. Cement circulated to top.

		Succession of the second			
Subsurface Safety Valve: Manu. and Type	·			Set @	Ft.
18. I hereby certify that the foregoing is true and	correc	t	THE SALES		
SIGNED X III	TLE	Secretary	DATE	April 22, 1982	
(This sp	oace for	r Federal or State office u	ise)		
APPROVED BY T CONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE		