

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, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 1960' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) See Below

SUBSEQUENT REPORT OF:

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RECEIVED

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

DEC 09 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

9-18-83 Rig up to pull rods and tubing.
9-19-83 Stripping out with rods and tubing.
9-20-83 Completed TOOH. Start in hole with new 2-3/8" tubing.
9-21-83 Land 2-3/8" tubing at 5446' KB. Swab to kick off. Well flowed to tank.
9-22-83 Swab and flow well to tank.
9-24-83 Swab and flow to tank. Release rig.
9-24-83 to present Well continue to flow intermittently to tank.

Intend to flow well as long as it will flow. At that time it will be evaluated for installation of pumping equipment.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Pet. Engineer DATE 12-7-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

NMOCC

DEC 12 1983

M. MILLENBACH

AREA MANAGER