Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR

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5.	LE	ASE		
	RIA	121	776	

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 Simms Federal				
1. oil gas well other 2. NAME OF OPERATOR	9. WELL NO. #4				
Southland Royalty Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs				
P.O. Drawer 570, Farmington, NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36, T30N, R4W				
below.) AT SURFACE: 890' FSL & 845' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico				
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.				
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7104' GL				
RECEIVED DEGENTE SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE COMPLETE COMPLETE COHANGE ZONES ABANDON* (other) 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 4:00 pm on 8-15-83 and drilled to a total depth of 237'. Set five joints (217') of 8-5/8", 24#, casing at 229'. Cemented with 165 cubic feet of Class "B" cement containing 3% CaCL2 and 1/4 pound flocele. Plug down at 8:45 pm on 8-15-83. Cemented circulated to surface.					
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Sherry Strille Secretary					
SIGNED Sherry Sterley TITLE Secretary (This space for Federal or State off	ice use)				
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR RECORD				

*See Instructions on Reverse Side

FARAMINE OF THE LUNCE AREA

AUG 3 1 1983