

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-01772-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Reid "A"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
**Basin Dakota
Blanco Mesaverde**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 13, T29N, R10W

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

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 "APPLICATION FOR PERMIT—" for such proposals.)

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1120' FNL & 970' FEL

14. PERMIT NO. | 15. ELEVATIONS (Show whether OF, RT, GR, etc.)
5823' GR

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MAY 1984

BUREAU OF LAND MANAGEMENT

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Repair Packer	<input checked="" type="checkbox"/>

*NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

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.)*

- 5/07/84 MIRU Spartan Well Service. Killed well with nitrogen. ND Wellhead, NU BOP. TOOH with 1-1/2" tubing and seal assembly from Model "D" packer. Picked up 500' of 1-1/4" tubing. TIH with 1-1/2" tubing. Tagged fill at 6709', 154' fill. RU nitrogen to clean out. cleaned out to 6725'. Rig down nitrogen. POOH with 9 stands.
- 5/08/84 TOOH with 1-1/2" and 1-1/4" tubing. RU hydrotesters. TIH with 1-1/4" tubing, packer, blast joints and 1-1/2" tubing. Tested packer, blast joints and 1-1/2" tubing. Landed 1-1/2", 2.90#, V-55 tubing at 6706', packer set at 4813' and seating nipple at 4780'. RD hydrotesters. ND BOP, NU wellhead. Rel rig at 3:00 PM 5-8-84.
- 5/10/84 Well returned to production.

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MAY 23 1984
OIL CON. DIV.
DIST. 3

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

SIGNED *Arthur Thompson* TITLE Dist. Prod. Manager DATE May 11, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
MAY 21 1984

*See Instructions on Reverse Side FARMINGTON RESOURCE AREA