UNITED STATES

DEPARTMENT OF THE INTERIOR	NM-01772A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL CONTE	
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 Reid "A"
1. oil gas well to other	9. WELL NO. 2
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Southland Royalty Company	Aztec Pictured Cliffs
3. ADDRESS OF OPERATOR P.O. Drawer 570, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Section 13, T29N, R10W
below.) AT SURFACE: 940' FNL & 1530' FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5739' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	(NOTE: Reportesuits of multiple completion grizane
REPAIR WELL	change on Form 9–330.)
PULL OR ALTER CASING U MULTIPLE COMPLETE	JAN 1 8 1985
CHANGE ZONES	
ABANDON*	OIL CON. DIV.
(other)	DIST. 3
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and nt to this work.)*
May 2, 1980 Rigged up Well Service Unit.	The article of Chara "R"
May 3, 1980 Squeezed Pictured Cliffs per	forations with 25 sacks of Class "B"
coment. Pulled out of retail	ier, left 30' of cement in retainer,
circulated gelled water. Pu	lled tubing to 1159'. Spotted 20 tubing to 182.5'. Circulated cement
sacks of Class "B". Pulled	moving to 102.5. Coccatance
to surface. Rigged down Wel	l Service Unit.
	NEUCIVEU

May 5, 1980

Cut off wellhead.

Installed dry hole marker.

JAN 16 1935

Subsurface Safety Valve: Manu. and Type ____

___ Set @___ FARMINGTON DISTRICT__ Ft.

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

TITLE Dist. Prod. Mgr. DATE _

(This space for Federal or State office use)

Approved as to plugging of the well pore. Liability under bond is retained until surface restoration is completed.

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

*See Instructions on Reverse Side

JAN 14 1835 St James & Shuard for. M. MILLENBACH AREA MANAGER