

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)

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

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 01772A
2. NAME OF OPERATOR Southland Royalty Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 940'N, 1530'W	8. FARM OR LEASE NAME Reid A
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	10. FIELD AND POOL, OR WILDCAT Aztec Pic. Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-29-N, R-10-W N.M.P.M.
	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. JUL 15 1986 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

BUREAU OF LAND MANAGEMENT

FARMINGTON RESOURCE AREA

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>

PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>
(Other)	<input type="checkbox"/>
REPAIRING WELL	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
ABANDONMENT*	<input 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.)\*

The permanent marker was cemented and labeled, all equipment removed, location cleaned and leveled. This well is ready for final inspection.

RECEIVED  
AUG 21 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*Deana Oak*

TITLE Drilling Clerk

ACCEPTED FOR RECORD

07-15-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

AUG 19 1986

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side