

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

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Sundry Notices and Reports on Wells

070 FARMINGTON, NM

|  |   |
|--|---|
| <p>1. <b>Type of Well</b><br/>Gas</p> <hr/> <p>2. <b>Name of Operator</b><br/>SOUTHLAND ROYALTY CO.</p> <hr/> <p>3. <b>Address &amp; Phone NO. of Operator</b><br/>P.O. Box 4289, Farmington, NM 87499<br/>(505) 326 - 9700</p> <hr/> <p>4. <b>Location of Well, Footage, Sec., T, R, M</b><br/><br/>990 FSL &amp; 1090 FWL<br/>SEC. 09, T 29 N, R 10 W NMPM</p> | <p>5. <b>Lease Number</b><br/>NMSF-078197</p> <p>6. <b>If Indian, All. or Tribe Name</b></p> <p>7. <b>Unit Agreement Name</b></p> <hr/> <p>8. <b>Well Name &amp; Number</b><br/>NYE #5</p> <p>9. <b>API Well No.</b></p> <hr/> <p>10. <b>Field and pool</b><br/>AZTEC PICTURED CLIFFS</p> <p>11. <b>County and State</b><br/>San Juan, NM</p> |
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OIL CON. DIV.  
DIST. 3

**12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA**

| Type of Submission                                    | Type of Action                                    |
|---|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment              |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Re-completion            |
| <input type="checkbox"/> Final Abandonment            | <input type="checkbox"/> Plugging Back            |
|   | <input type="checkbox"/> Casing Repair            |
|   | <input type="checkbox"/> Altering Casing          |
|   | <input type="checkbox"/> Other                    |
|   | <input type="checkbox"/> Change of Plans          |
|   | <input type="checkbox"/> New Construction         |
|   | <input type="checkbox"/> Non - Routine Fracturing |
|   | <input type="checkbox"/> Water Shut off           |
|   | <input type="checkbox"/> Conversion to Injection  |

**13. Describe Proposed or Completed Operations**

Meridian Oil Inc. respectfully submits that the Nye #5 has been re-connected and is now producing in paying quantities.

**14. I hereby certify that the foregoing is true and correct.**

Signed [Signature] Title [Signature] Date 10-10-94  
(102)

(This space for Federal or State Office use)

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**CONDITION OF APPROVAL, IF ANY:**

**ACCEPTED FOR RECORD**

DEC 08 1994

FARMINGTON DISTRICT OFFICE

24 [Signature]