

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 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 P. O. Drawer 570, Farmington, New Mexico		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 900' FNL & 1120' FWL		8. FARM OR LEASE NAME Reid "A"	
14. PERMIT NO.		9. WELL NO. #2R	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5747' GR		10. FIELD AND HOOD OR WILDCAT Blanco Mesaverte Aztec Pictured Cliffs	
		11. SEC., T., R., Y., OR BLK. AND SURVEY OR AREA Section 13, T29N, R10W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) CHANGE CASING PROGRAM/DUAL <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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

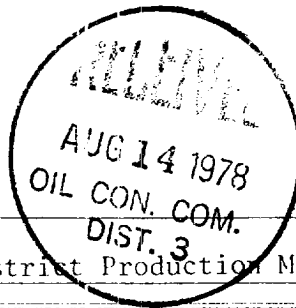
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

PROPOSED CASING AND CEMENTING PROGRAM.

SZ. HOLE	SZ. CSG.	WT./FT.	SETTING DEPTH	QUAN. CMT.
12-1/4"	9-5/8"	36#	200'	130 cu. ft.
8-3/4"	7"	20#	2457'	305 cu. ft.
6-1/4"	4-1/2"	10.50#	2307'-4772'	425 cu. ft.
	1-1/4"	2.30#	2200'	
	2-3/8"	4.7#	4700'	

It is anticipated that an IES and a Gamma Ray Density log be run at intermediate TD. A Gamma Ray Induction and a Gamma Ray Density will be run at total depth.



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

SIGNED

TITLE District Production Manager DATE August 7, 1978

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*OK*

\*See Instructions on Reverse Side

AUG 9 1978

U. S. GEOLOGICAL SURVEY  
BUREAU OF OIL