

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. SF-076958
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 Hare
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FSL & 1830' FWL		8. FARM OR LEASE NAME #22
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5673' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Aztec Pictured Cliffs 29 Section 14, T25N, 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 CSF. PROGRAM/DUAL WELL <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#	2346'	305 cu. ft.
6-1/4"	4-1/2"	10.50#	2196'-4701'	437 cu. ft.
	1-1/4"	2.30#	2100'	
	2-3/8"	4.7#	4650'	

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

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

AUG 9 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.