Form 9-331 (May 1963)	DEPARTM	INITED STATENT OF THE	E INTERIOR	SUBMIT IN TRIPLICATE (Other instructions on r werse side)	se side) 5. LEASE DESIGNATION AND SERIAL PO			
(Do not us	SUNDRY NOTICe this form for proposal	ES AND RE	PORTS ON	WELLS to a different reservoir.	6. IF I	IDIAN, ALLOTTES	E OR TRIBE NAME	
1.						7. UNIT AGREEMENT NAME		
OIL GAS X OTHER NAME OF OPERATOR						S. FARM OR LEASE NAME		
Southland Royalty Company						Reid PRI		
3. ADDRESS OF OPERATOR						9. WELL NO. #1E		
P. O. Drawer 570, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT		
4. LOCATION OF WELL (REPORT ROCATION CLEARLY And IN MECHANISM Space 17 below.) At surface						Basin Dakota		
1520						11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
1500' FNL & 1030' FWL						Section 13, T29N, R12W		
14. PERMIT NO.		15. ELEVATIONS (Sh	ow whether DF, RT, C	ir, etc.)		NTY OR PARISH	13. STATE	
21. 12			819' GR		San	Juan	New Mexico	
 16.	Check Apr	propriate Box To	Indicate Natur	e of Notice, Report, or	Other Do	ıta		
						QUENT REPORT OF:		
TEST WATER S	HUT-OFF PU	JLL OR ALTER CASIN		WATER SHUT-OFF		REPAIRING V	WELL	
FRACTURE TRE		ULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CA	()	
SHOOT OR ACID	IZE AF	BANDON*		(Other) Spud and (Pasing	abandonmen Report	X X	
REPAIR WELL	CI	IANGE PLANS		(Other) Doct Char (Note: Report resul Completion or Recom	te of multi	ole completion	on Well	
(Other)	SED OF COMPLETED OPER	ATIONS (Clearly star	te all pertinent det		a including	actimated date	a of starting any	
proposed won nent to this v	LK. II Mell is direction	ally drilled, give su	ibsurface locations	ails, and give pertinent date and measured and true vert	icat deptus	tor all markers	, and zones perce	
9-25-79) AM, 9-25-79 and				
9–26–79	. 2221 7	antad with '	ひらい マネベドマ へき	.55') of 8 5/8", 2 f Class "B" with 1 :00 AM, 9-26-79.	1/4# 4C	T TIME P	~	
	• .							
				Section of the sectio				
			<i>f</i>					
		•						
			المارية والمارية	out was in p				
18. I hereby certif.	y that the foregoing is	true and correct				0.07	70	
SIGNED	V/an 1	Jan-	TITLE Distri	ct Production Man	ager _D	ATE9-27-	- / J	
(This space for	Federal or State office	use)						
APPROVED B	<i></i>		TITLE		D	ATE		
CONDITIONS	OF APPROVAL, IF AN	TY:						

*See Instructions on Reverse Side

NMOCC