Form 9-331	ι	INITED STATES	S SUBMIT IN TRIPLICATE®	Form approved. Budget Byreau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
(May 1963)	DEPARTMENT OF THE INTERIOR (Other instructions on Te		SF-075587	
	GEOLOGICAL SURVEY			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not u		CES AND REPORTS (als to drill or to deepen or plug TION FOR PERMIT—" for such p		
Use Arr LIGATION				7. UNIT AGREEMENT NAME
OIL GAS WELL OTHER				
2. NAME OF OPERATOR				8. FARM OR LEASE NAME
Southland Royalty Company				Reid PRI 9. WELL NO.
2. ADDRESS OF OPERATOR				#1E
n a prover 570 Farmington, NM 8/401				10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface				Basin Dakota
1500' FNL & 1030' FWL				Section 13, T29N, R12W
			on ota)	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.		15. ELEVATIONS (Show whether D 5819 GR		San Juan New Mexico
10	Chark Ar	propriate Box To Indicate 1	Nature of Notice, Report, or	Other Data
16.			SUBSEC	QUENT REPORT OF:
	NOTICE OF INTEN		WATER SHUT-OFF	REPAIRING WELL
TEST WATER	<u> </u>	PULL OR ALTER CASING	FRACTURE TREATMENT	ALTERING CASING
FRACTURE TREAT MULTIPLE CONFIDER				ABANDONMENT*
SHOOT OR ACIDIZE ABANDON Casing				Report
REPAIR WELL	ا ا ا ا	CHANGE PLANS	Completion of Recom	ts of multiple completion on Well pletion Report and Log form.)
(Other) 17. DESCRIBE PRO proposed venent to this	s work.) *	•		s, including estimated date of starting any cal depths for all markers and zones perti-
10-8-79	Cemented FIR 6% gel and 2 50/50 Class	ST STACE with 206 Sa % CaCl ₂ . Cemented S "B" Poz with 6% gel	', 10.5#, K-55 casing acks of 50/50 Class "E SECOND STAGE with 233 and 2% CaCl ₂ . Cement lass "B" Poz with 6% G Plug down at 11:00 PM	sacks of ted THIRD gel followed
		OCT 1 0 1979 U. S. GEOLOGICAL SI FARMINGTON, N.	IRVEY	OCT 15 1979 OIL CON. CS. DIST. 3
	rtify that the foregoing	is true and correct		70
SIGNED	11 Han	TITLE _	District Engineer	DATE10-9-79
(This space	for Federal or State of	fice use)		
	. ner	TITLE		DATE
APPROVED CONDITION	NS OF APPROVAL, IF	ANY:	MOCOL	_

NMOCC