Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE 4 2 8 8 8 8 8
DEPARTMENT OF THE INTERIOR	SF-075587
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
decedione solver	
CUMPRY NOTICES AND DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
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 Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas de other	Reid PRI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1-E 70-20 1 282
2. NAME OF OPERATOR	
Southland Royalty Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Drawer 570, Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) /520 AT SURFACE: 1500' FNL & 1030' FWL	Section 13, T29N, R12W
AT SURFACE: 1900 FNL & 1030 FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	<u> </u>
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
AND THE PROPERTY OF	5819'
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	<b>新工作</b> は (大学) 1000 (1000 minus) 1000 (1000 minus
FEST WATER SHUT OFF	프로그
FRACTURE TREAT	그 그 그 그 그 그를 하지 않는 옷이 유지하면 하다.
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	그 그 그는 이 문항 되는 것 같아 그 살이 없는 것 같아.
ABANDON*	그 그 그 그 그 유생 하는 그는 불렀다 높이 속
other) Perforation and Stimulation	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	all portinent details and give pertinent dates
including estimated date of starting any proposed work. If well is di	rectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertinent	t to this work.)*
10-18-79 Perforated the Dakota at 6383', 6	6451', 6459', 6467', 64/5',
6483', 6546', 6553', 6562'. Total	l of 9 holes:
Fracd with 10,000 gallons of 1% KC	
MiniMax fluid and 92,400# 20/40 sa	
	용

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the

od Manager DATE

October 22,

deral or State office use) (This space for

\*See Instructions on Reverse Side