UNITED STATES

	Form Approved. Budget Bureau No. 42–R1424		
	5. LEASE		
	SF-077056		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	7. UNIT AGREEMENT NAME		
ent	The state of the s		
ent	8. FARM OR LEASE NAME		
	Cozzens		
	9. WELL NO.		
	6-E		
	10. FIELD OR WILDCAT NAME		
	Basin Dakota/Undesignated Gallu		
01	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
17			
	Section 18, T29N, R11W		
	12. COUNTY OR PARISH 13. STATE		
	San Juan New Mexico		
	14. API NO.		
Ε,			
	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
	5613' GR		
1			
	(NOTE: Report results of multiple completion or zone		
	change on Form 9-330.)		
tate	all pertinent details, and give pertinent dates,		
s di nen	rectionally drilled, give subsurface locations and t to this work.)*		
	t to this work.)		

DEDARTMENT OF THE INTERIOR	J. LEASE		
DEPARTMENT OF THE INTERIOR	SF-077056		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
(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 ry	Cozzens		
well well other	9. WELL NO.		
2. NAME OF OPERATOR	6-E		
Southland Royalty Company	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR			
P.O. Drawer 570, Farmington, New Mexico 87401	Basin Dakota/Undesignated Ga		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
AT SURFACE: 1540' FSL & 1655' FEL	Section 18, T29N, R11W		
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	San Juan New Mexico		
16 CHECK ADDRODDIATE DOV TO INDICATE MATURE OF MATURE	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
ALIGHI, ON OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5613' GR		
TEST WATER SHUT-OFF			
FRACTURE TREAT			
SHOOT OR ACIDIZE			
REPAIR WELL X (NOTE: Report results of multiple completion or zone			
PULL OR ALTER CASING	change on Form 9–330.)		
MULTIPLE COMPLETE			
CHANGE ZONES			
(other) Squeeze Braden Head			
(omer) = queeze braden nead			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent	e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and t to this work.)*		
4-29-81 Squeezed Braden Head with 94 sacks of Class "B" Neat, cement in place at 8:30 P.M. 4-29-81.			
(4-27-81 Verbal approval from Steve Mason with U.S.G.S.) MAY 11 1987 OIL CON. DIST.			
Subsurface Safety Valve: Manu. and Type	Set @ Ft.		
18. I hereby certify that the foregoing is true and correct			
SIGNED WILLE DELLING CLERK	May 4, 1981		
(This space for Federal or State office use)			
APPROVED BY DATE			
CONDITIONS OF APPROVAL, IF ANY:	A28291 888 RESORD		

NMOCC

*See Instructions on Reverse Side

MAY 07 1981