

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input type="checkbox"/>	3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico 87499	5. LEASE DESIGNATION AND SERIAL NO. SF-076958
2. NAME OF OPERATOR Southland Royalty Company	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 930' FSL & 1770' FEL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, CR, etc.) 5862' GL	7. UNIT AGREEMENT NAME
		8. FARM OR LEASE NAME Hare
		9. WELL NO. 15M
		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 3, T29N, R10W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 checked="" type="checkbox"/> Checked for Tbg Leak	

(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.)

5/03/84 MIRU Spartan Well Service. Killed well with water. ND Wellhead  
NU BOP. POOH with 1-1/2" tubing, unseated packer. POOH with 1-1/2" EUE  
tubing.

5/04/84 TIH with 1-1/2" EUE tail pipe. RU Wilson Service Hydrotesters.  
TIH with 1-1/2" EUE tubing and Model "R" Packer, testing tag 12' fill.  
TOOH, layed down 1 joint of tail pipe. Picked up 14' tubing subs,  
TIH, testing-OK. Landed 189 joints (6878.27') of 1-1/2", 2.90#, J-55,  
EUE tubing at 6890.27', seating nipple at 6854.99' and packer set at  
4814.72'. RD hydrotesters. ND BOP, NU Wellhead. Rel rig.

5/15/84 Well returned to production.

RECEIVED

MAY 31 1984

OIL CON. DIV.

DIST 3

18. I hereby certify that the foregoing is true and correct

SIGNED Ethel J. Greysen

TITLE Secretary

DATE 5/18/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

MAY 30 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY CEB

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.