Form Approved.

UNITED STATES

	Budget Bureau No. 42-R1
5. LEASE	

DEPARTMENT OF THE INTERIOR	SF-076958
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE 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.)	7. UNIT AGREEMENT NAME
1 all gas	8. FARM OR LEASE NAME Hare
well well well other	9. WELL NO. #23
2. NAME OF OPERATOR Southland Royalty Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Undesignated Fruitland
P.O. Drawer 570, Farmington, NM	11. SEC., T., R., M., OR BLK, AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	MAREA Section 3, T29N, R10W
below.) AT SURFACE: 830' FSL & 960' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REFORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5838'GR
TEST WATER SHUT-OFF	· · · · · · · · · · · · · · · · · · ·
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	Change of Form 9-330.)
	182 Se N. 21
ABANDON* (other) Perforation & Stimulation X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and it to this work.)*
5-27-82 Perfed from 1990', 1996', 2001', 208 Fraced with 18,500#, 20/40 sand & 25 2600 psi, AIR 10 BPM, ISIP 1400 psi.	,325 gallons slick water. ATP
	JUN 1 11982
O	IL CON. COM. DIST. 3
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. ! hereby certify that the foregoing is true and correct	
SIGNED SHIRLY SECRETARY TITLE SECRETARY	DATEJune 4, 1982
(This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	ಗಿಳಿಸಿಟ್ಟಾಗುವ ಟ್ರಮ ಒಂಗಳಳಂದಾ
	ASSEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

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