

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

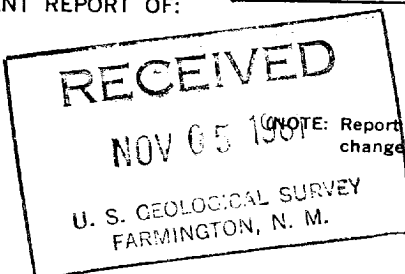
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Southland Royalty Company
3. ADDRESS OF OPERATOR
P. O. Drawer 570, Farmington, NM 87499-0570
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *830' FSL & 960' FWL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☒ EXTENSION

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☒ X



5. LEASE
SF-076958
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hare
9. WELL NO.
23
10. FIELD OR WILDCAT NAME
Aztec Fruitland Extension
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*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5838' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

SOUTHLAND ROYALTY COMPANY hereby requests a 90-day extension for drilling this well. Extended to May 6, 1982



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *[Signature]* TITLE *Dist. Prod. Mgr* DATE *November 4, 1981*

(Orig. Sgd.) **RAYMOND W. VINYARD**

(This space for Federal or State office use)

RAYMOND W. VINYARD

NOV 06 1981

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

TITLE *ACTING DISTRICT SUPERVISOR* DATE _____