

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 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1530' FSL & 1530' FEL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM-03561

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Grenier "B"

9. WELL NO.
3E

10. FIELD OR WILDCAT NAME
Basin Dakota/Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 5, T29N, R10W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

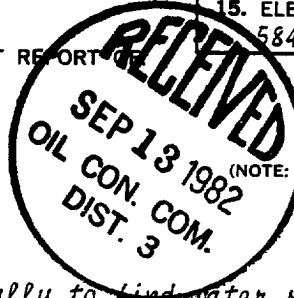
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5847' GR

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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

(other) *Swab test each zone individually to find water source*

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 plans to do the following work on this well:

- 1) *MOL & RU.*
- 2) *Set chokes in both strings of tubing. NU BOP with blooie line. If kill water necessary, use 1% KCl water.*
- 3) *Pull short string - visually inspect and replace any bad joints.*
- 4) *Pull Dakota tubing and Otis retrievable packer. Visually inspect tubing and replace any bad joints.*
- 5) *Pick up packer on 2-3/8" work string. TIH to 6875', set packer, test tubing to 3500 psi. Test casing shoe to 2000 psi. Squeeze if necessary.*

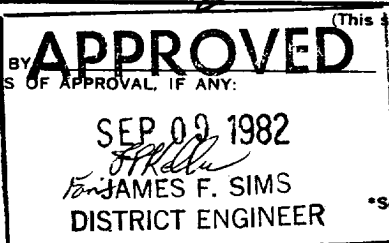
CONTINUED OTHER SIDE*

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

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

SIGNED *[Signature]* TITLE *Pet. Engineer* DATE *August 31, 1982*

(This space for Federal or State office use)
APPROVED BY **APPROVED** TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

NMOCC