Form Approved.

Budget Bureau No. 42-R1424

ONITED STATE			5. LEASE				
DEPARTMENT OF THE INTERIOR			NM-06	093			•
GEOLOGICAL SURVEY			6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
SUNDRY NOTICES AND REP (Do not use this form for proposals to drill or to de reservoir. Use Form 9–331–C for such proposals.)			7. UNIT A	GREEMEN	T NAM	E	·
reservoir. Use rorm 9-331-C for such proposals.)			•1	OR LEASE I			-
1. oil gas well other			9. WELL I	t Feder	al		-
2. NAME OF OPERATOR			1	···.			
Southland Royalty Company			10. FIELD	OR WILDCA	T NAM	1E	
3. ADDRESS OF OPERATOR			West	Kutz Pi	ctur	ed Cliff	s
P.O. Drawer 570, Farmington,	New M	lexico		T., R., M., C	R BLK	. AND SURV	EY OR
4. LOCATION OF WELL (REPORT LOCATIO	N CLEAR	LY. See space 17	AREA	• •			
below.) AT SURFACE: 717' FNL & 623'	महा.			on 30,			-
AT TOP PROD. INTERVAL:	1 00		12. COUNT				÷.
AT TOTAL DEPTH:			14. API NO	uan		<u>New Mexi</u>	<u>co</u>
16. CHECK APPROPRIATE BOX TO INDICA	ATE NAT	URE OF NOTICE,	14. ALINO	•			
REPORT, OR OTHER DATA		•	15. ELEVA	TIONS (SH	OW DI	F, KDB, ANI	2 WD)
DEGUEST 500 ADDRESS 500			5400'			5 2 2 4	
	SEQUENT	REPORT OF	The same of the sa	~1 1	-: -::		
TEST WATER SHUT-OFF FRACTURE TREAT	님	RECE	VED				22
SHOOT OR ACIDIZE	H! *	4	- American Designation		1. 5		-,
REPAIR WELL		MAR CO	(NOTE: Rep	out results o	f multip	le completion	or zone
PULL OR ALTER CASING MULTIPLE COMPLETE		In the second	cna	nge on Form	9–330.)	
CHANGE ZONES	님	U.S. GEOLOGICA FARMINGTON,	" SURVEY		22		<u> </u>
ABANDON*	<u> </u>	010	, IV. IVI.				
(other) X Extension							F - 1
17. DESCRIBE PROPOSED OR COMPLETED including estimated date of starting any measured and true vertical depths for all SOUTHLAND ROYALTY COMPANY	proposed markers	d work. If well is di and zones pertinen	irectionally dr it to this work	illed, give : .)*	subsur	face location	dates, is and
of this well.	•				14 de 1		÷,
of this wett.				# 1 3	1 to 1	ေပး မိန္နဲ့သ	4
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					3 - 5	9	1
					1 Et :	al Table	7
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			. A.		<u>i</u> 3	. 4 3 2 2	1
Subsurface Safety Valve: Manu. and Type			arrament and a second		et @		Ft.
18. I hereby certify that the foregoing is true	and correc	et .		•			
SIGNED Cither Gregere	_ TITLE	Secretary	DATE	March	26,	1982	
(Th	nis space fo	or Federal or State office	ce use)	ų ^{tr} ar	- E B	Taring and the second of the s	
APPROVED BY	TITLE		DATE	÷[. **	B	FERCY.	/ΞD
CONDITIONS OF APPROVAL, IF ANY:			UAIE		.5 .		
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NMOCC

*See Instructions on Reverse Side