

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

|  |   |
|--|---|
| 1. Type of Well<br>GAS   | 5. Lease Number<br>SF-077317            |
| 2. Name of Operator<br>Southland Royalty   | 6. If Indian, All. or<br>Tribe Name     |
| 3. Address & Phone No. of Operator<br>PO Box 4289, Farmington, NM 87499 (505) 326-9700           | 7. Unit Agreement Name                  |
| 4. Location of Well, Footage, Sec., T, R, M<br>1140' FSL, 1450' FWL Sec. 6, T-29-N, R-11-W, NMPM | 8. Well Name & Number<br>Cooper #11     |
|  | 9. API Well No.                         |
|  | 10. Field and Pool<br>Crouch Mesa MV    |
|  | 11. County and State<br>San Juan Co, NM |

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

| Type of Submission                                   | Type of Action                                  |
|--|---|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment            |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion           |
| <input type="checkbox"/> Final Abandonment           | <input type="checkbox"/> Plugging Back          |
|  | <input type="checkbox"/> Casing Repair          |
|  | <input type="checkbox"/> Altering Casing        |
|  | <input checked="" type="checkbox"/> Other -     |
|  | <input type="checkbox"/> Change of Plans        |
|  | <input type="checkbox"/> New Construction       |
|  | <input type="checkbox"/> Non-Routine Fracturing |
|  | <input type="checkbox"/> Water Shut off         |
|  | <input type="checkbox"/> Conversion to Injectio |

13. Describe Proposed or Completed Operations

It is planned to set facilities to test this well for return to production.

RECEIVED  
MAR 17 1994

OIL CON. DIV  
DIST. 3

RECEIVED  
BLM  
MAR 14 PM 3:13  
C/O FIELD OFFICE NM

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

Signed [Signature] (LWD) Title Regulatory Affairs Date 3/11/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

CONDITION OF APPROVAL, if any:

APPROVED

DISTRICT MANAGER