

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Southland Royalty Company</p> <p>3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1780' FWL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SE-077482</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Holder</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Fulcher Kutz Pictured Cliffs</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 29, T30N, R12W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan New Mexico</p>
<p>15. ELEVATIONS (Show whether OF, TO, or IN) 5569' GL</p>	

RECEIVED
FEB 10 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 P&A'd this well as follows:

- 2/03/84 MIRU. Pulled 1" tubing. Layed down mud anchors. TIH, attempted to circulate hole, could not. Spotted 11.8 cu.ft. (10 sacks) cement plug from 1400'-1650'. Pulled 10 stands to 1180'.
- 2/06/84 Circ hole. POOH with 1" tubing. Perforated 4 squeeze holes at 1335'. Unloaded hole. Blew well 1-1/4 hrs. Well logged off. Squeezed holes at 1335' with 7 cu.ft. (6 sacks) cement. WOC.
- 2/07/84 TIH. Tagged plug at 1440'. Resqueezed perfs at 1335' with 7 cu.ft. (6 sacks) cement. WOC. Tagged plug at 1225'. POOH. Perf'd squeeze hole at 710'. Squeezed hole with 7 cu.ft. (6 sacks) cement. POOH. Perf'd squeeze holes at 280'. Spotted 7 cu.ft. (6 sacks) cement. Squeezed perfs off. POOH. WOC.
- 2/08/84 Circ cement from 100' to surface. Cut off wellhead. Installed dry hole marker. Cleaned up location.

RECEIVED

FEB 14 1984

OIL CON. DIV.

I hereby certify that the foregoing is true and correct

SIGNED Catherine J. Greger TITLE Secretary DIST. 3 DATE 2/09/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED