Orm 9-331 (May 2-93) DEPAR	UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on re- GEOLOGICAL SURVEY		Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL SO. SF-078198			
(Do not use this form for pro	DTICES AND REPORTS ON posals to drill or to deepen or plug back CATION FOR PERMIT—" for such proper	to a different reservoir	6. F INDIAN, ALLOTTEE	OR TRIBE NAME		
OIL GAS X OTHER			7. :NIT AGREEMENT NA	ME		
2. NAME OF OPERATOR	OPERATOR			1E		
Southland Royalty C	Nye					
3. ADDRESS OF OPERATOR			9. YELL NO.			
P. O. Drawer 570, F	#16-A					
	ATION OF WELL (Report location clearly and in accordance with any State requirements.*		10. FIELD AND POOL, OF			
940' FNL & 1	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA					
			Section 12,	T30N, R11W		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT	, GR, etc.)	12. COUNTY OR PARISH	13. STATE		
	5935' GR		San Juan	New Mexic		

16.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* Casing Report CHANGE PLANS (Other)

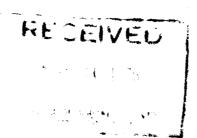
WATER SHUT-OFF

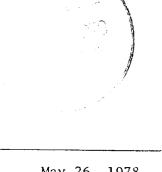
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

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

5-19-78 Ran 69 joints of 7", 20#, K-55 casing landed at 2765'. Cemented with 140 sacks 50/50 Class "B" Poz with 6% gel followed by 50 sacks Class "B" cement with 2% CaCl. Plug down at 7:30 AM 5-20-78.

5-23-78 Ran 56 joints of 4-1/2", 10.5#, K-55 casing set from 2609'-5097'. Cemented with 260 sacks 50/50 Class "B" Poz with 6% g ϵ 1, 1/4# gel flake per sack and 0.6% Halad 9. Plug down at 6:30 PM 5-23-78.





New Mexico

San Juan

REPAIRING WELL

SUBSEQUENT REPORT OF:

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

			4							
18	SIGNED Cartify that the foregoing is true and correct	TITLE	District	Production	Manager	DATE .	Мау	26,	1978	
	(This space for Federal or State office use;									==
	APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		**************************************		DATE .				