submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM
95 OCT 10 PM 2:56
070 FARMINGTON, NM

Sundry Notices and Reports on Wells

1. **Type of Well**
GAS

5. **Lease Number**
SF-077652

6. **If Indian, All. or Tribe Name**

7. **Unit Agreement Name**

2. **Name of Operator**
SOUTHLAND ROYALTY COMPANY

8. **Well Name & Number**
East #13

3. **Address & Phone No. of Operator**
PO Box 4289, Farmington, NM 87499 (505) 326-9700

9. **API Well No.**
30-045-20447

4. **Location of Well, Footage, Sec., T, R, M**
1160'FSL, 1560'FWL, Sec.24, T-31-N, R-12-W, NMPM

10. **Field and Pool**
Basin Fruitland Coal/
Aztec Pictured Cliffs

11. **County and State**
San Juan Co, NM

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

Type of Submission	Type of Action		
___ Notice of Intent	_X_ Abandonment	___ Change of Plans	
	___ Recompletion	___ New Construction	
_X_ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing	
	___ Casing Repair	___ Water Shut off	
___ Final Abandonment	___ Altering Casing	___ Conversion to Injection	
	___ Other -		

13. **Describe Proposed or Completed Operations**

9-29-95 MIRU. ND WH. NU BOP. TIH to 2540'. Load csg w/wtr. Plug #1: pump 55 sx Class "B" cmt w/2% calcium chloride @ 1840-2540'. WOC. TOOH to 1009'. TIH, tag TOC @ 1863'. TOOH to 1009'. Perf 4 sqz holes @ 1009'. TOOH. TIH w/cmt retainer, set @ 952'. Load tbg w/wtr, PT tbg to 1000 psi, OK. PT csg to 500 psi, OK. Establish injection. Plug #2: pump 39 sx Class "B" cmt outside csg below cmt retainer, 16 sx Class "B" cmt above cmt retainer. TOC @ 806'. TOOH. TIH to 164', perf 4 sqz holes. Establish circ into perfs & out bradenhead w/13 bbl wtr. Plug #3: pump 58 sx Class "B" cmt down csg & out bradenhead. Circ 2 bbl cmt to surface. SD for weekend.

10-2-95 ND BOP. Cut off WH. Install dry hole marker w/33 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 10-2-95.

RECEIVED
OCT 13 1995
OIL CON. DIV.
DIST. 3

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

Signed Peggy Bradfield Title Regulatory Administrator Date 10/9/95

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED
OCT 11 1995
DISTRICT MANAGER

NMOCD