

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078115

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dusenberry

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 6, T31N, R11W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P. O. Drawer 570, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FNL & 1760' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6475' GR

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

NOTICE OF INTENTION TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- (Other)
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- ABANDON*
- CHANGE PLANS

SUBSEQUENT REPORT OF:

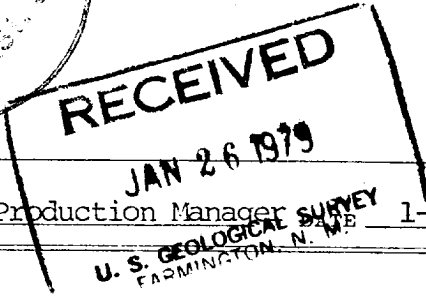
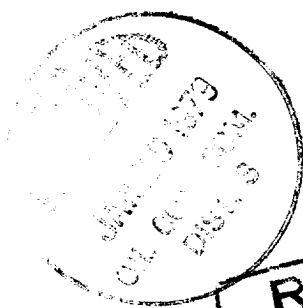
- WATER SHUT-OFF
- FRACTURE TREATMENT
- SHOOTING OR ACIDIZING
- (Other) Spud and Casing Report
- REPAIRING WELL
- ALTERING CASING
- ABANDONMENT*

(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.)*

1-23-79 Spudded 12 1/4" surface hole at 1:30 AM, 1-23-79 and drilled to a TD of 157'. Ran 3 joints of 8 5/8", 24#, K-55, 8 rd casing and set at 146'.

1-24-79 Cemented with 85 sacks of Class "B" with 1/4# Flocele per sack and 3% CaCl₂. Plug down at 8:15 AM, 1-23-79. No cement returns. Cemented down backside of 8 5/8" casing with 25 sacks of Class "B" with 1/4# Flocele per sack and 3% CaCl₂. Cement circulated to surface.



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

SIGNED [Signature]

TITLE District Production Manager SURVEY 1-25-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: