5. LEASE

SF-078146

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1 -11	Culpepper Martin
1. oil gas well other	9. WELL NO. #16-E
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Southland Royalty Company	Basin Dakota
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
P.O. Drawer 570, Farmington, New Mexico 87401	AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Section 4, T31N, R12W
below.) AT SURFACE: 1020' FSL & 1610' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6039' GL
·	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	المراجع
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	The second section of the section of th
(other) Spud & Casing Report X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations and it to this work.)*
5-09-81 Spudded 13-3/8" surface hole at 2:00	P.M. 5-9-81 and drilled to total
depth of 242'. Ran 5 joints (218.58') of 10-3/4", 32.75#, H-40 casing
set at 230'. Cemented with 136 sacks	of Class "B" w/1/4# flocele per
sack and 3% CaCl ₂ . Plug down at 6:30	P.M. 5-9-81. Cement circulated
to surface.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	-
18. I hereby certify that the foregoing is true and correct	
Signer of the Title Drilling Cler	ck DATE May 11, 1981

NMOCC

MAY 12 1981

DATE TOP FOR RECORD

*See Instructions on Reverse Side

(This space for Federal or State office use)

_ TITLE _

APPROVED BY ________CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON DISTRICT