

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

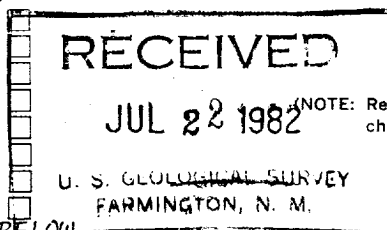
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Southland Royalty Company
3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1760' FNL & 1520' FWL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:



5. LEASE
SF-078115
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Grenier
9. WELL NO.
13E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 20, T31N, R11W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6104' GL

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.)*

Amended Reports on the followings:

- 4-10-82 7", 23#, K-55 casing set at 4866'. Cemented 1st Stage with 55 sacks 50/50 Poz with 6% gel, tailed in with 50 sacks of Class "B" with 3% CaCl₂. Plug down at 6:00 AM 4-10-82. Good Circulation. TOC @ 600'. Cemented 2nd Stage with 470 sacks 50/50 Poz with 6% gel, tailed in with 70 sacks of Class "B" with 3% CaCl₂. Plug Down at 9:15 AM 4-10-82. Good Circ.
- 4-16-82 Ran 80 jts (2622') of 4-1/2", 10.5# & 11.6#, K-55 casing set from 4698'-7320'.
- 6-4-82 Frac'd with 100,000# 20/40 sand and 101,700 gals Versagel 1400

Subsurface Safety Valve: Manu. and Type

Set @ OIL CON. COM.
DIST. 3

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

SIGNED *Arthur Sneyers* TITLE *Secretary* DATE *July 21, 1982*

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC