

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-6892	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico 878499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1800' FNL & 1740' FEL		8. FARM OR LEASE NAME Reese Mesa	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6566' GL		10. FIELD AND POOL, OR WILDCAT Albino Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13, T32N, R8W	
		12. COUNTY OR PARISH 13. STATE San Juan New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) Spd, 8-5/8" csg & Press Tst	

(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.) *

9/05/84 MIRU Aztec Well Service Rig #171. Spudded 12-1/4" surface hole at 11:30 AM and drilled to 315'. Ran 5 joints (302') of 8-5/8", 24#, K-55 casing set at 314'. Cemented with 230 sacks (271 cu.ft.) of Class "B" with 1/4# celloflake per sack and 3% CaCL2. Plug down at 11:45 PM 9-5-84. Circulated 10 bbls cmt to surface.

9/06/84 Pressure tested to 1000 psi for 30 minutes - OK.

RECEIVED
SEP 25 1984
OIL CON. DIV. I
DIST. 3

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

SIGNED Catherine Greysen

TITLE Secretary

DATE 9/07/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

SEP 24 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV SM