

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, NM 87499  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1890' FNL & 790' FEL  
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\* ☐

SUBSEQUENT REPORT OF:

(other) Casing & Cementing Report ☒

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FARMINGTON, N. M.

5. LEASE  
SF - 078146  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
  
7. UNIT AGREEMENT NAME  
  
8. FARM OR LEASE NAME  
Moore  
9. WELL NO.  
#5  
10. FIELD OR WILDCAT NAME  
Undesignated Fruitland  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 35, T32N, R12W  
12. COUNTY OR PARISH San Juan 13. STATE New Mexico  
14. API NO.  
  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6455' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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OK, CIV.

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.)\*

4-10-83 Drilled 7-7/8" hole to a total depth of 3125'. Ran 99 joints (3090') 2-7/8", 6.5#, J55 casing set at 3101'. Cemented first stage with 755 cubic feet of Class "B" containing 50/50 POZ, 6% gel, 1/4# flocele. Tail in with 82 cubic feet of Class "B" containing 2% CaCL2. Plug down at 8:45 am, on 4-10-83. Top of cement at 300' by temperature survey.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Henry H. H. H. TITLE Secretary DATE April 13, 1983

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NMOCC

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FARMINGTON DISTRICT