

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 87441

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790' FSL & 790' 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) Spud & Casing Report ☒

SUBSEQUENT REPORT OF:

RECEIVED
APR 15 1983

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

SF - 078312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hubbard

9. WELL NO.

#7

10. FIELD OR WILDCAT NAME

Blanco Pictured Cliffs/Undesignated Frt

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

Section 11, T32N, R12W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6136' GI

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

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.)*

4-11-83 Spudded 12-1/4" surface hole at 2:00 pm on 4-11-83 and drilled to a TD of 227'. Set 5 joints (212') of 9-5/8", 32.3#, casing at 224'. Cemented with 153 cubic feet of Class "B" containing 1/4# flocele and 3% CaCL2. Plug down at 2:00 am on 4-12-83. Cement circulated to surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Secretary DATE April 13, 1983

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE ASST HM DATE 4/19/83
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 18 1983

NMOCC

FARMINGTON DISTRICT
[Signature]