

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Southland Royalty Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Drawer 570, Farmington, New Mexico</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1180' FNL & 800' FWL</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>Jicarilla Contract 124</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Arizona Jicarilla "A"</u></p> <p>9. WELL NO. <u>#5</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Tapacito Pictured Cliffs Blanco Mesaverde</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 13, T25N, R4W</u></p> <p>12. COUNTY OR PARISH <u>Rio Arriba</u></p> <p>13. STATE <u>New Mexico</u></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7094' GR</u></p>

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

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) CHANGE PIPE PROGRAM/DUAL WELL <input type="checkbox"/>		(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.)*

PROPOSED CASING AND CEMENTING PROGRAM.	SZ. HOLE	SZ. CSG.	WT./FT	SETTING DEPTH	QUAN. CMT.
	12-1/4"	9-5/8"	36#	200'	130 cu. ft.
	8-3/4"	7"	20#	3943'	620 cu. ft.
	6-1/4"	4-1/2"	10.50#	3793'-5995'	385 cu. ft.
		1-1/4"	2.30#	3700'	
		2-3/8"	4.70#	5900'	

It is also anticipated that IES and Gammy Ray Density log be run at intermediate TD. A Gamma Ray Induction and a Gamma Ray Density will be run at total depth.

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

SIGNED *[Signature]* TITLE District Production Manager DATE August 7, 1978

(This space for Federal or State Office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



AUG 9 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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