Bodget Bureau N., 1004, 0138

| om, Mrabe 5<br>(ven) or 1983)<br>(opports 9= 131       | DEPARTMENT OF THE INTERIOR  | SUBMIT IN TRIPLACATE* Fagures August 31, 1985 Other matructions on re- personaide:  Linear Denionation and SERIAL NO.  Linear Denionation and SERIAL NO.  Linear Denionation and SERIAL NO. |
|--|---|---|
|  | BUREAU OF LAND MANAGEMENT  IDRY NOTICES AND REPORTS ON V  | Jicarilla Con. 416  G. of Indian, addottee of Thibe Name  |
| (Do not use this                                       | form for proposals to drill or to deepen or plug back to a Use "APPLICATION FOR PERMIT" for such proposals. | a different reservoir.  |
| OIL GAS  | OTHER   | 7. UNIT AGREEMENT NAME  |
| 2 NAME OF OPERATOR                                     | OTHER   | 8. FARM OR LEASE NAME   |
| 2 NAME OF OPERATOR                                     | Southland Royalty Company   | Medio Canyon  |
| 3. ADDRESS OF OPERATO                                  |   | y. Wall so.   |
|  | Post Office Box 4289 Farming  | ton.XM 87499 8  |
| 4. LOCATION OF WELL ( See also space 17 bel At surface | Post Office Box 4289 Farming Report location clearly and in accordance with any State reow.)                | W.Lindrith G1-Dako  11. SEC., T., R., M., OR BLE. AND  Sec. 25, T-24-N, R-4   |
| RECEIVE  | 15. ELEVATIONS (Show whether DF, RT, GR,  | N.M.P.M.  |
| 14. PERMIT NO.  MAR 1 3 196                            | 710010  |   |
| - HIMK I O IS  | D T I I A   | (Alice Discount Only Date   |

| 16.                  | Check | c Appropriate Box To I | ndicale N | ature of Notice, Report, or Other                            | Data                  |  |
|----------------------|-------|------------------------|-----------|--|-----------------------|--|
| BUREAU OF LAND MANAG | EMENT | INTENTION TO:          |           | SUBSEQUENT I   | REPORT OF:            |  |
| FARMINGTON RESOURCE  |       |                        |           |  | ۲                     |  |
| TEST WATER SHUT-OFF  |       | PULL OR ALTER CASING   | I         | WATER SHUT-OFF   | REPAIRING WELL        |  |
| FRACTURE TREAT       |       | MULTIPLE COMPLETE      |           | FRACTURE TREATMENT   | ALTERING CABING       |  |
| SHOOT OR ACIDIZE     |       | ABANDON*               | i         | SHOOTING OR ACIDIZING  | ABANDON MENT*         |  |
| REPAIR WELL          |       | CHANGE PLANS           |           | (Other) (NOTE: Report results of multiple completion on Well |                       |  |
| (Other)              |       |                        |           | 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.) \*

Gas from this well was vented during the initial potential Currently, the well is shut in, waiting on pipeline connection.



OIL CON. DIV. DIST. 2

| 18. I hereby certify that the foregoing is true and correct | TITLE Drilling Clerk | DATE 3-11-86        |
|---|----------------------|---------------------|
| (This space for Federal or State office use)                |                      | ACCEPTED FOR RECORD |
| APPROVED BY   | TITLE                | DATE                |
| CONDITIONS OF APPROVAL, IF ANY:                             |                      | MAR 19 1986         |

\*See Instructions on Reverse Side

FARMINGIUM NESSURUE AREA Smn BY.....