

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 416
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 87499	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 (M) 450' FSL & 360' FWL	8. FARM OR LEASE NAME Medio Canyon
14. PERMIT NO.	9. WELL NO. 10
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7100' GL	10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup-Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 35, T24N, R4W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE 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 PLANE <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) <input type="checkbox"/>	

TD, Csg and TOC Reports
(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.) *

7-25-85 TD 7-7/8" hole at 7443' on 7-25-85.

7-28-85 Ran 116 joints (4961') of 4-1/2", 11.6#, K-55 and 61 joints (2461') of 4-1/2", 10.5#, K-55 casing set at 7434'.

7-29-85 Cemented as follows:

1st Stage with 305 sacks (387 cu.ft.) of Class "B" 50/50 Poz (59 cu.ft.) of Class "B" neat. Plug down at 7:45 AM 7-29-85.
2nd Stage with 115 sacks (203 cu.ft.) of Class "H" 65/35 Poz with 10% salt, 10% Calseal, 3% Jel and 12-1/2# gilsonite per sack, tailed wth 50 sacks (59 cu.ft.) of Class "B" Neat. Plug down at 11:45 AM 7-29-85.
3rd Stage with 75 sacks (133 cu.ft.) of Class "H" 65/35 Poz with 10% salt, 10% Calseal, 3% Jel and 12-1/2# gilsonite per sack, tailed with 50 sacks (59 cu.ft.) of Class "B" Neat. Plug down at 3:00 PM 7-29-85.
Good circulation all three stages.
Rel rig at 4:00 PM 7-29-85.
Ran temperature survey - TOC at 1500'.

RECEIVED
AUG 06 1985

OIL CON. DIV.

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

SIGNED Esther J. Grejner TITLE Secretary

DIST. 3

DATE 7-30-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCC