

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"/>  | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR<br>Southland Royalty Company  | 8. FARM OR LEASE NAME<br>Hill Federal   |
| 3. ADDRESS OF OPERATOR<br>P.O. Drawer 570, Farmington, New Mexico 87499   | 9. WELL NO.<br>3  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface (D) 790' FNL & 790' FWL | 10. WELL AND POOL OR RESERVOIR<br>Gavilan Marcos/Gavilan<br>Greenhorn-Graneros-Dakota |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>7378' GL                            |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 36, T25N, R2W   |   |
| 12. COUNTY OR PARISH<br>Rio Arriba  |   |
| 13. STATE<br>New Mexico   |   |

AUG 07 1985

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 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) <input type="checkbox"/>         |
| (Other) Revision-Casing Record * <input checked="" 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.) \*

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT                    |
|--------------|----------------|-----------------|---------------|---------------------------------------|
| 12-1/4"      | New 9-5/8"     | 32.30#, H-40    | 400'          | 248 cu.ft. (Circ to surface)          |
| * 8-3/4"     | New 5-1/2"     | 15.50#, K-55    | 4000'         | Stg 1: 383 cu.ft. (Cover GIp-Mancos)  |
| 7-7/8"       | New 5-1/2"     | 15.50#, K-55    | 7000'         | Stg 2: 168 cu.ft. (Cover Cliff House) |
| 7-7/8"       | New 5-1/2"     | 17.00#, K-55    | 8195'         | Stg 3: 386 cu.ft. (Cover Nacimiento)  |

RECEIVED  
AUG 09 1985  
OIL CON. DIV  
DIST. 3

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

SIGNED Ethel J. Greyson TITLE Secretary DATE 8-06-85  
(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMCCC

BY