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
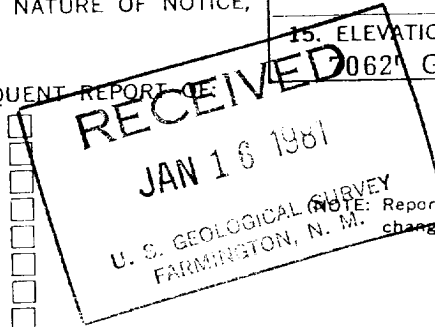Southland Royalty Company

3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, N.M.   87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL & 915' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
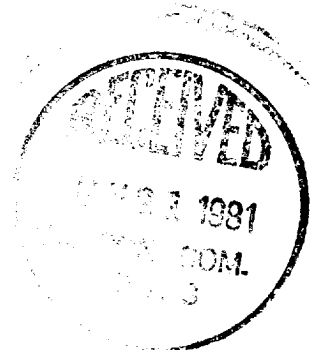
5. LEASE
Jicarilla 101

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla 101

9. WELL NO.
3-M

10. FIELD OR WILDCAT NAME SS Mesa
Basin Dakota/Wildhorse Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 1, T26N, R4W

12. COUNTY OR PARISH   13. STATE
Rio Arriba   New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6062' GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT   ☐   ☐
SHOOT OR ACIDIZE   ☐   ☐
REPAIR WELL   ☐   ☐
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE   ☐   ☐
CHANGE ZONES   ☒   ☐
ABANDON*   ☐   ☐
(other) _____

RECEIVED
JAN 16 1981
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(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.)*

Request for approval to complete Wildhorse Gallup instead of Blanco Mesaverde.
BS Mesa

Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____   TITLE District Engineer   DATE January 13, 1981

APPROVED
JAN 21 1981

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY: ENGINEER

NMOCC

*See Instructions on Reverse Side