

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 ☐ gas ☒ other ☐
well well
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: 1840' FNL & 1660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- TEST WATER SHUT-OFF ☐ ☐
- FRAC TREAT ☐ ☐
- SHOOT OR ACIDIZE ☐ ☐
- REPAIR WELL ☐ ☐
- PULL OR ALTER CASING ☐ ☐
- MULTIPLE COMPLETE ☐ ☐
- CHANGE ZONES ☐ ☐
- ABANDON* ☐ ☐
- (other) Perforation & Stimulation X
Production Tubing Report X

5. LEASE
SF-079634
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
McClanahan
9. WELL NO.
20-E
10. FIELD OR WILDCAT NAME
Basin Dakota + Blanco NW
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 13, T28N, R10W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5777' GR

(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.)*
- 11/12/80 Perforated Dakota at 6329', 6334', 6393', 6398', 6404', 6409', 6414', 6445', 6471', 6484', 6497'. Total of 11 holes.
Frac'd Dakota with 30,000 gal 1% KCl water pad, 74,800 gal 30# 1% KCl water and 74,800# of 20/40 sand.
AIR 28 BPM, ATP 1800 psi, ISIP 400 psi.
Landed 201 joints (6201') of 2-3/8", 4.7#, J-55 tubing at 6211'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE District Prod. Mgr DATE November 13, 1980

(This space for Federal or State office use)

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

NMOCC