UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Budget Bureau No. 42-R142
5. LEASE
SF-080781
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Cain
9. WELL NO.
#24

	SUN	DRY	NOT	ICES	AND	REPOR	RTS	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	□ X	other				

2. NAME OF OPERATOR Southland Royalty Company

10. FIELD OR WILDCAT NAME

3. ADDRESS OF OPERATOR

Otero Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

P.O. Drawer 570, Farmington, NM 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

Section 15, T28N, R10W 12. COUNTY OR PARISH 13. STATE San Juan

AT SURFACE: 1520' FNL & 1010' FEL AT TOP PROD. INTERVAL:

14. API NO.

AT TOTAL DEPTH:

15, ELEVATIONS (SHOW DF, KDB, AND WD) 5825' GL

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

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* Corrected

(other)

SUBSEQUENT REPORT OF

(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.)*

5-22-83 Drilled 7-7/8" hole to a total depth of 3165'.

Subsurface Safety Valve: Manu. and Type _____ Set @ 18. I hereby certify that the foregoing is true and correct TITLE Secretary (This space for Federal or State office use)

APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

___ DATE ACCEPTED FOR RECORD

JUL 2 1 1983

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO SMM BY

NMOC