orm 3160-5 lovember 1983) ormerly 9-331)

## UNITED STATES SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR verse aide) Other lastrictions of re-

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

BUREAU OF LAND MANAGEMENT							
CHAIDDY	NOTICES	AND	DEDODIC	ON V	√F1		

PULL OR ALTER CASING

Jicarilla Contract 451
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUBSEQUENT REPORT OF:

SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoi use "APPLICATION FOR PERMIT—" for such proposals.)	г.
OIL GAS X OTHER	7. UNIT AGREEMENT NAME
2 NAME OF OPERATOR	8. FARM OR LEASE NAME
Southland Royalty Company	Jicarilla 451
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Drawer 570, Farmington, New Mexico 87499	1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
1650' FSL & 1750' FWL	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
	Section 4, T29N, R3W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
7151' GL	Rio Arriba New Mexico

FRACTURE TREAT		MULTIPLE COMPLETE	ļi	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	<u> </u>	ABANDON*	_	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	<u></u>	CHANGE PLANS		(Other) Corrected Tubin	g Report X
(Other)			(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

WATER SHUT-OFF

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.) \*

Landed 203 joints (6179.38')\* of 2-3/8", 4.70#, J-55 tubing at 6190.38'\*. 3/29/84

\*Corrected footage

TEST WATER SHCT-OFF

RECEIVED

REPAIRING WELL

MER 2 2 1984

BUREAU OF LAND MANAGE MENT FORMINGTON COORDE PREA

ST NED Cittles & Queen	TITLE Secretary	DATE 3-26-84	
This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	
	NMOCC	1/Monthson on the South	n.seA
*See Instructions on Reverse Side		sy smm	