

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Southland Royalty Company	8. FARM OR LEASE NAME Gallegos Canyon Unit
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, NM 87499	9. WELL NO. 132
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2040'N, 750'E	10. FIELD AND POOL, OR WILDCAT Cha Cha Gallup
14. PERMIT NO.	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-28N, R-12W N.M.P.M.
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5714'GR	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. USE RIDE 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.) \*

The following surface rehabilitation has been completed to BLM specifications stated in the letter 3162.4-5.

1. Permanent monument cemented in wellbore. Labeled w/operators name, well name & number, legal location and lease number.
2. Location cleaned of debris & trash. Oily soil or fluids properly disposed of.
3. Pits are filled in and pads shaped to conform to terrain.
4. Pads leveled.
5. Access roads are leveled, waterbarred, disked and blocked off with earthen berms at the junction with the main road and at the entrance to the well pad. Waterbars were spaced as BLM specified.
6. All disturbed areas were seeded July 12, 1988.

ACCEPTED FOR RECORD

AUG 19 1988

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

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

SIGNED

TITLE Regulatory Affairs

DATE

July 20, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side