

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, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 810' FNL & 800' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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* ☐
(other) See below

SUBSEQUENT REPORT OF:

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RECEIVED

DEC 09 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

SF-077966

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gallegos Canyon Unit

9. WELL NO.

97

10. FIELD OR WILDCAT NAME

Cha Cha Gallup

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

Section 23, T28N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6083' GR

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.)*

9-12-83 MIRU Swabbing Unit. Could not get below 30' - paraffin.

9-13-83 Pump four barrels paraffin solvent and diesel. Cut paraffin to 700'. Dumped 65 gals diesel and SI for night.

9-14-83 Tried to cut paraffin. Could not get down. Rig down and move off

SRC proposes to pull and replace tubing to enable us to swab test this well for evaluation. Swab testing should commence within 60 days. Weather and equipment availability should allow testing to be completed by 7-01-84.

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

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

SIGNED [Signature] TITLE Pet. Engineer DATE December 6, 1983

(This space for Federal or State office use)

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

ah2
This Approval or Temporary
Abandonment Expires 7-1-84

*See Instructions on Reverse Side

NMOCC

APPROVED

DEC 12 1983
[Signature]
M. MILLENBACH
AREA MANAGER
[Signature]