

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-4453

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.

OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

P.O. Box 570, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

870' FSL & 1450' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CARSON

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

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

Sec 1, T30N, R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6586' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Production Tubing Report

REPAIRING WELL

ALTERING CASING

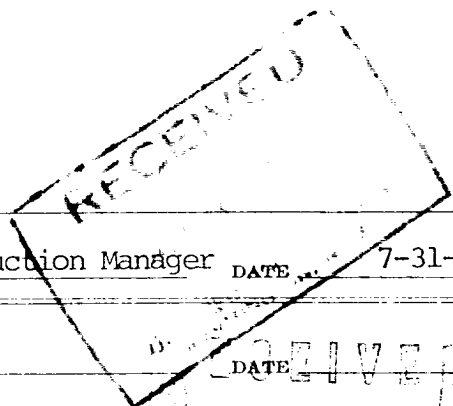
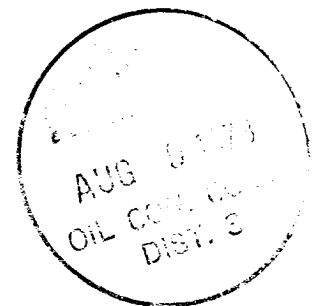
ABANDONMENT*

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

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.)*

7-29-78 Ran 185 joints of 2 3/8", 4.7#, CSR, tubing. Total of 5854.07',
landed at 5866' RKB. Rigged down.



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

SIGNED

TITLE District Production Manager

DATE 7-31-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 7 1978

*See Instructions on Reverse Side