1. oil

well

below.)

REPAIR WELL

**CHANGE ZONES** 

ABANDON\*

(other)

2. NAME OF OPERATOR

AT SURFACE:

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR P.O. Drawer 570

gas

well

Southland Royalty Company

AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE

## 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 differeservoir. Use Form 9-331-C for such proposals.)

other

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTI

Spud & Casing Report

1720' FSL & 1480' FEL

	Budget Bureau No. 42-R1424
ATES	5. LEASE
HE INTERIOR	SF-077482
SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
REPORTS ON WELLS to deepen or plug back to a different	7. UNIT AGREEMENT NAME
s.)	8. FARM OR LEASE NAME
	Tommy Bolack
	9. WELL NO.
	#1E
	10. FIELD OR WILDCAT NAME Basin Dakota/Flora Vista Gallup
ATION OF FARING Co. areas 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
ATION CLEARLY. See space 17	Section 01, T30N, R12W
1480' FEL	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
	14. API NO.
IDICATE NATURE OF NOTICE,	14.70.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5826' GL
SUBSEQUENT REPORT OF:	
	and the second s

ा । (NOTE: Report results of multiple completion or zone

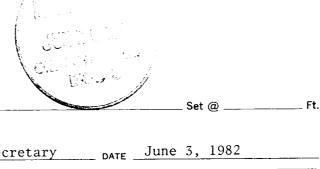
change on Form 9-330.)

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.)\*

g. go whate e

FARL INCTOR N. M.

Spudded 12-1/4" surface hole at 9:45 pm 5-28-82 and drilled to total 5-28-82. depth 225'. Ran 5 joints (204') 8-5/8", 24# casing set at 218'. Cemented with 145 sacks Class "B" with 3% CaCL2. Plug down at 2:45 am, May 29, 1982. Circulated cement to surface.



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

SIGNED LINEN

Subsurface Safety Valve: Manu. and Type \_\_\_\_

Secretary TITLE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE TITLE

ASCHETEG FOR RE**cord** 

\*See Instructions on Reverse Side