

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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|---|--|
| <p>1. <b>Type of Well</b><br/>GAS</p> <p>2. <b>Name of Operator</b><br/>SOUTHLAND ROYALTY COMPANY</p> <p>3. <b>Address &amp; Phone No. of Operator</b><br/>PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. <b>Location of Well, Footage, Sec., T, R, M</b><br/>1830'FSL, 1550'FEL, Sec.25, T-32-N, R-7-W, NMPM</p> | <p>5. <b>Lease Number</b><br/>NM-2996</p> <p>6. <b>If Indian, All. or Tribe Name</b></p> <p>7. <b>Unit Agreement Name</b></p> <p>8. <b>Well Name &amp; Number</b><br/>Burnt Mesa #1A</p> <p>9. <b>API Well No.</b><br/>30-045-22561</p> <p>10. <b>Field and Pool</b><br/>Los Pinos Frt SD/PC<br/>Blanco Mesaverde</p> <p>11. <b>County and State</b><br/>San Juan Co, NM</p> |
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment        | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion       | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment           | <input type="checkbox"/> Plugging Back      | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair      | <input type="checkbox"/> Water Shut off          |
|  | <input type="checkbox"/> Altering Casing    | <input type="checkbox"/> Conversion to Injection |
|  | <input checked="" type="checkbox"/> Other - |  |

13. Describe Proposed or Completed Operations

Southland Royalty Company requests a one year shut in for the subject well. The well will not flow due to high line pressures. Compression has been attempted but is not economical due to low flow rates. At that time, the well will be reevaluated.

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

Signed [Signature] (JAS6) Title Regulatory Affairs Date 11/17/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

APPROVED

NOV 28 1994

DISTRICT MANAGER

NM.OCD