

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM NAIL ROOM

Sundry Notices and Reports on Wells

95 SEP 26 AM 11:06

1. Type of Well
GAS

070 FARMINGTON, NM

2. Name of Operator
SOUTHLAND ROYALTY COMPANY

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1830' FSL, 1550' FEL, Sec. 25, T-32-N, R-7-W, NMPM

5. Lease Number
NM-2996

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Burnt Mesa #1A

9. API Well No.
30-045-22561

10. Field and Pool
So. Los Pinos Frt Sd-PC/
Blanco Mesaverde

11. County and State
San Juan Co, NM

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 checked="" 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 - Plug and abandon | <input type="checkbox"/> Pictured Cliffs |

13. Describe Proposed or Completed Operations

It is intended to plug and abandon the Pictured Cliffs formation in the subject well in the following manner:

TIH w/FB pkr, spot 2 sx sd. Set pkr @ 3145'. Pump 150 sx Class "G" neat cmt w/1% calcium chloride into Pictured Cliffs perforations. Displace w/14.75 bbl wtr. Sqz to 1100 psi. Release pkr @ 3145'. TOOH. TIH w/bit, tag cmt. Drill cmt. PT csg. TOOH.

Verbal approval to change plans 9-25-95 from Wayne Townsend, BLM.

RECEIVED
OCT - 2 1995

OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 9/26/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: _____

APPROVED

SEP 29 1995

DISTRICT MANAGER

NMOCD