

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-077652

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 ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

P. O. Drawer 570, Farmington, New Mexico

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

1650' FNL & 1380' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harper

9. WELL NO.

#1-A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

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

Section 14, T31N, R12W

14. PERMIT NO.

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

6251' GL

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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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MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐  
☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud & Casing Report

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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.)\*

3-8-78

Spudded 12-1/4" surface hole at 8:00 PM 3-8-78. Ran 5 joints of 9-5/8", 36#, K-55, 8rd casing. Set at 222'. Cemented with 110 sacks Class "B" with 1/4# gel flake per sack and 3% CaCl. Plug down at 2:15 AM 3-9-78.

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

SIGNED

*Stan Ryan*

TITLE District Production Manager DATE March 9, 1978

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE