

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. <u>SE-077652</u> |
| 2. NAME OF OPERATOR <u>Southland Royalty Company</u> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR <u>P. O. Drawer 570, Farmington, New Mexico</u> | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>980' FNL & 1070' FWL</u> | | 8. FARM OR LEASE NAME <u>East</u> |
| 14. PERMIT NO. | | 9. WELL NO. <u>#9-A</u> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6017' GL</u> | | 10. FIELD AND POOL, OR WILDCAT <u>Blanco Mesa Verde</u> |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 25, T31N, R12W</u> |
| | | 12. COUNTY OR PARISH <u>San Juan</u> |
| | | 13. STATE <u>New Mexico</u> |

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

NOTICE OF INTENTION TO:

| | |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|------------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> <u>Casing Report</u> | |

(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.)*

2-23-78 Ran 67 joints of 7", 20#, K-55, 8rd casing set at 2781'. Cemented with 160 sacks 50/50 Class "B" Poz with 6% gel followed by 70 sacks Class "B" cement with 2% CaCl. Plug down at 10:45 AM 2-23-78.

2-27-78 Ran 79 joints of 4-1/2", 10.5#, K-55, 8rd casing set from 2633'-5190'. Cemented with 390 sacks 50/50 Class "B" Poz with 2% gel, 6-1/4# fine gilsonite per sack, 1/4# gel flake per sack and .6% Halad 9. Plug down at 12:30 PM 2-27-78.



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

SIGNED

TITLE District Production Manager DATE February 28, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: