Form 9-331 (May 1963)		UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on re- verse side) GEOLOGICAL SURVEY			Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO SF-077651	
			ICES AND REA		WELLS to a different reservoir. als.)	6. IF INDIAN, ALLOTTEE OR TRUE NAME
	OIL GAS WELL WELL	X OTHER	7. UNIT AGREEMENT NAME			
2.	NAME OF OPERATOR		8. FARM OR LEASE NAME			
	Southland R	ovalty Comr	Richardson			
3.	ADDRESS OF OPERATO		9. WELL NO.			
	P. O. Drawe	r 570. Farm	#4-A			
4.	P. O. Drawer 570, Farmington, New Mexico				10. FIELD AND POOL, OR WILDCAT	
	ee also space 17 below.) At surface					Blanco Mesa Verde
	1460' FSL & 1580' FWL					11. SEC., T., R., M., OR BLK, AND SURVEY OR ABEA
14.	PERMIT NO.	<u>.</u>	15. ELEVATIONS (Sho	w whether DF, RT, 6 2061	GR, etc.)	Section 10, T31N, R12W 12. COUNTY OF PARISH 13. STATE San Juan New Mexico
16.		Check Ar	propriate Box To I	Indicate Natur	e of Notice, Report, or	• •••• •••••••••••••••••••••••••••••••
		NOTICE OF INTEN			· · ·	QUENT REPORT OF :
			10.1 10.	r	5085r	
	TEST WATER SHUT-	EST WATER SHUT-OFF PULL OR ALTER CASING			WATER SHUT-OFF	REPAIRING WELL
	FRACTURE TREAT		IULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING
	SHOOT OR ACIDIZE				SHOOTING OR ACIDIZING	ABANDONMENT*
	REPAIR WELL		HANGE PLANS		(	nd Casing Report X
	(Other)		( )		Completion or Recom	pletion Report and Log form.)
17.	proposed work. I nent to this work.	DR COMPLETED OPE If well is directio )*	RATIONS (Clearly state nally drilled, give sub	all pertinent det surface locations	ails, and give pertinent date and measured and true vert	s, including estimated date of starting any cal depths for all markers and zones perti-
	3-19-78	of 9-5/8", sacks Clas	36#, K-55, 8 s "B" with 1/	Brd casing (4# gel fla	12:30 PM to a TD Set at 223'. ake per sack and 4:30 PM 3-19-78.	225'. Ran 5 joints Cemented with 110 3% CaCl <sub>2</sub> . Cement

	$\mathcal{O}$	OIL COM COM
(This space for Federal or State office use)		luction Manager <sub>DATE</sub> March 21, 1978
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
	*Sue lastantiane en Deuros C	

\*See Instructions on Reverse Side

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