

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Southland Royalty Company		8. FARM OR LEASE NAME East	
3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico		9. WELL NO. #22-A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 1700' FSL & 880' FEL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26, T31N, R12W		12. COUNTY OR PARISH San Juan	
13. STATE New Mexico		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5963' GL			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FRAC 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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

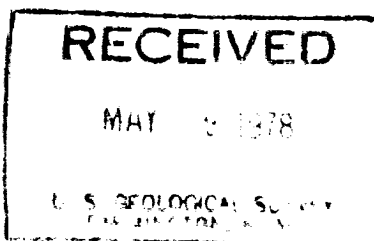
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	Casing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

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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.)*

5-01-78 Ran 68 joints of 7", 20#, K-55, 8rd casing landed at 2685'. Cemented with 165 sxs 50/50 Class "B" Poz with 6% gel followed by 70 sacks Class "B" cement with 2% CaCl₂. Plug down at 6:50 PM 5-1-78.

5-04-78 Ran 60 joints of 4-1/2", 10.5#, K-55, 8rd casing set from 2535'-5081' Cemented with 270 sacks 50/50 Class "B" Poz with 6% gel, 1/4# gel flake per sack and 0.6% Halad 9. Plug down at 2:20 PM 5-4-78.



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

SIGNED

TITLE

District Production Manager

DATE

May 5, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side