Form 9-331 (May 1963)

REPAIR WELL

(Other)

UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on re-

CHANGE PLANS

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No 5. LEASE DESIGNATION AND SERIAL NO.

. . .

(Other) Spud & Casing Report

GFOL	OGICAL	SURVEY	

SLINDRY NOTICES AND REPORTS ON WELLS

SF-077652 6. IF INDIAN, ALLOTFEE OR TRIBE NAME

(Do not use this form for pr	opesals to drill or to deepen or plug LICATION FOR PERMIT-" for such	back to a different reservoir			
I. OIL GAS WELL OTHE	7. UNIT AGREEMENT NAME				
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
Southland Royalty Company 3. Address of Chemanos			Oliver		
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 1820' FSL & 1650' FEL			#1-A 10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
					14. PERMIT NO. 15. E EVATIONS (Show whether D 5959' GL
	San Juan New 1				
16. Check	Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data		
Nomice on (venymov mo.)			SEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING ALTERING C ABANDONME	ASING	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DESCRIBE PROPOSED ON 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.)*

Spudded 12-1/4" surface hole at 1:00 PM to a TD 220'. Ran 5 joints 2-28-78 of 9-5/8", 36#, K-55, 8rd casing. Set at 219'. Cemented with 110 sacks Class "B" with 1/4# gel flake per sack and 3% CaCl. Plug down at 5:30 PM 2-28-78.

18. I hereby certify that the foregoing is true and correct SIGNED TITLE District Production Manager DATE March 2, (This space for Federal or State office use) APPROVED BY TITLE . DATE _ CONDITIONS OF APPROVAL, IF ANY: