UNITED STATES

| | UNITED STATES | 5. LEASE |
|--|---|--|
| DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | | SF-077651 |
| | | 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 Form 9–331–C for such proposals.) 1. oil gas well other | | 7. UNIT AGREEMENT NAME |
| | | 8. FARM OR LEASE NAME |
| | | Richardson |
| | | 9. WELL NO. |
| 2. NAME OF OPERATOR | | 10-E |
| Southland Royalty Company | | 10. FIELD OR WILDCAT NAME Basin Dakota/Undesignated Fruitland |
| 3. ADDRESS OF OPERATOR | | Basin Dakota/ Undesignated 11 |
| P.O. Drawer 570, Farmington, New Mexico 87401 | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | | Section 10, T31N, R12W |
| below.) AT SURFACE: 1530' FSL & 1120' FWL | | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | | San Juan New Mexico |
| AT TOTAL DEPTH: | | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | |
| REPORT, OR OTHER DATA | | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| AUTOSOUTENT DEPORT OF | | 6231' GR |
| REQUEST FOR A | | |
| TEST WATER SH | | |
| FRACTURE TREAT SHOOT OR ACID! | | To the state of th |
| REPAIR WELL | | (NOTE: Report results of multiple completion or |
| PULL OR ALTER | casing RECEI | Change on Form 9–3300 |
| MULTIPLE COMP | LETE - | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| CHANGE ZONES | MAY 2 | 1000 |
| ABANDON* | | |
| - | | L SHEVEY |
| | ROPOSED OR COMPLETED OPERATIONS (Clearly Stationard date of starting any proposed work. If well is did true vertical depths for all markers and zones pertine | |
| 5-23-80 | Ran 14 joints (601.86') of 4-1/2", | |
| • | (2129.12') of 4-1/2", 10.5#, K-55 | casing set from 4707' to |
| | 7450'. | • |
| 5-24-80 | Cemented with 320 sacks of Class " | B" 50/50 Poz with 6% gel and |
| | 1/4# flocele per sack and .6% Hala | |
| | 5-24-80. | |
| | WOCT | |
| | | |
| | | |

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLE District Engineer DATE May 27, 1980 SIGNED _ (This space for Federal or State office use) _ DATE ___ _ TITLE _ APPROVED BY ... CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 29 1980

*See Instructions on Reverse Side