

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Southland Royalty Company
3. ADDRESS OF OPERATOR
P. O. Drawer 570, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 945' FNL & 820' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Casing Report</u>	<u>X</u>

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.)*

8/12/80 Ran 113 joints (5136.61') of 7", 23#, K-55 casing set at 5113'. Cemented 1st Stage with 55 sacks of Class "B" 50/50 Poz with 6% gel followed by 50 sacks of Class "B" Neat with 2% CaCl₂. Plug down at 1:30 P.M. 8-12-80. *(Remaining cement job will be completed during completion operations.)

8/16/80 Ran 74 joints (2673.03') of 4-1/2", 11.6# & 10.5#, K-55 casing set from 4940'-7625'. Cemented with 315 sacks of Class "B" 50/50 Poz with 6% gel, 1/4# flocele per sack and .6% Halad 9. Plug down at 1:00 A.M. 8-17-80.
WOCT

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Dist. Prod. Mgr. DATE August 18, 1980

(This space for Federal or State office use)

AUG 21 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

BY [Signature] FARMINGTON DISTRICT

NMOCC

5. LEASE
SE-077648
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Davis
9. WELL NO.
9-E
10. FIELD OR WILDCAT NAME
Basin Dakota/Aztec Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 12, T31N, R12W
12. COUNTY OR PARISH San Juan 13. STATE New Mexico
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6342' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)