

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, NM 87499-0570*

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *1590' FNL & 1070' FEL*  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

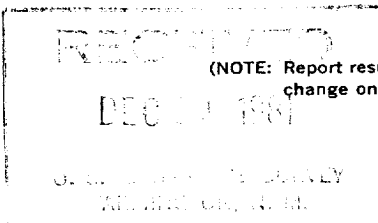
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

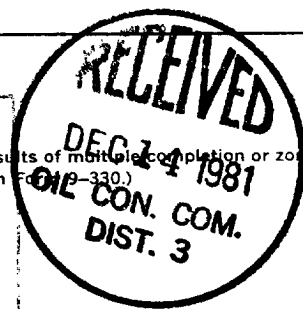
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☒  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other)

SUBSEQUENT REPORT OF:

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



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.)\*

*SOUTHLAND ROYALTY COMPANY proposes to repair subject well as follows:*

- 1) *MIRU.*
- 2) *Blow down and NU BOP.*
- 3) *Pull 2-3/8" tubing.*
- 4) *Set cement retainer at 7385'*
- 5) *Squeeze perforations at 7401' and 7410' with 10 sacks of Class "B" neat*
- 6) *Pull out of retainer and spot 1/4 barrel cement on top of retainer.*
- 7) *Re-run 2-3/8" tubing, set at  $\pm$  7350'.*
- 8) *Rig down, move off location.* 43

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *P. E. Vinard* TITLE *Dist. Engineer* DATE *December 9, 1981*

(This space for Federal or State use)  
(Orig. Sgd.) *RAYMOND W. VINYARD* TITLE *ACTING DISTRICT SUPERVISOR* DATE *DEC 11 1981*  
APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: