

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well

GAS

2. Name of Operator

SOUTHLAND ROYALTY COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

790' FNL, 950' FWL, Sec.13, T-32-N, R-8-W, NMPM

5. Lease Number

nm-6892

6. If Indian, All. or

Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Reese Mesa #9

9. API Well No.

30-045-24710

10. Field and Pool

Albino Pictured Cliffs

11. County and State

San Juan Co, NM

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

Type of Submission

Type of Action

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input checked="" type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

It is intended to plug and abandon the subject well. A detailed procedure will be submitted by 9-15-95.

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

Signed [Signature] (LWD2) Title Regulatory Affairs Date 6/21/95

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JUN 23 1995

NMOCD

FARMINGTON DISTRICT OFFICE

BY [Signature]