## UNITED STATES

| 1            | Budget | Bureau | No. | 42-R14 | 24 |
|--------------|--------|--------|-----|--------|----|
| <del>,</del> |        |        |     |        | _  |

| 0111125 0111120   | 5. EEASE   |  |  |
|---|--|--|--|
| DEPARTMENT OF THE INTERIOR  | Jicarilla Contract #124  |  |  |
| GEOLOGICAL SURVEY   | 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 | 7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  |  |  |
| reservoir. Use Form 9-331-C for such proposals.)  |  |  |  |
| 1. oil gas ga   | Arizona Jicarilla "A"  |  |  |
| well well other   | 9. WELL NO.  |  |  |
| 2. NAME OF OPERATOR   | #1   |  |  |
| Southland Royalty Company   | 10. FIELD OR WILDCAT NAME  |  |  |
| 3. ADDRESS OF OPERATOR  | South Blanco Pictured Cliffs   |  |  |
| P. O. Drawer 570, Farmington, N.M.  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17                            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA   |  |  |
| below.) 1450 F\$L 4 1190 FEL  | Sec. 23, T25N, R04W  |  |  |
| AT SURFACE:   | 12. COUNTY OR PARISH 13. STATE   |  |  |
| AT TOP PROD. INTERVAL:  | Rio Arriba 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)  |  |  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  |  |  |  |
| TEST WATER SHUT-OFF   | V  |  |  |
| TEST WATER SHUT-OFF   | W. E. C.   |  |  |
| SHOOT OR ACIDIZE  | A-1-4  |  |  |
| REPAIR WELL   | (NOTE: Report results of multiple completion or zone   |  |  |
| FOLL OR ALTER CASING  | Change on Form 9-330.)   |  |  |
| MULTIPLE COMPLETE   | AL GURREY  |  |  |
| CHANGE ZONES  | , N. м.  |  |  |
| (other) Reconnect Well.   | the second secon |  |  |
| (onici)   |  |  |  |

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.)\*

| to recent pipeline. | test | this | well | is | being | reconnected | RECEIVED                                |
|---------------------|------|------|------|----|-------|-------------|---|
|                     |      |      |      |    |       |             | OCT 2 0 1981                            |
|                     |      |      |      |    |       | ·           | OCT 20 1981<br>OIL CON. COM.<br>DIST. 3 |

ACCEPTED FOR RECURU Subsurface Safety Valve: Manu. and Type Set @ \_\_\_\_\_ \_\_\_\_ Ft. OCT 20 1981 18. I hereby certify that the foregoing is true and correct October 13, 1981 TITLEDist. Prod. Mgr.DATE (This space for Federal or State office use) \_\_\_\_\_ DATE \_\_\_ \_\_TITLE \_\_\_\_

\*See Instructions on Reverse Side

