

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 ☐ gas ☒ other ☐
well well
-
2. NAME OF OPERATOR
Southland Royalty Company
-
3. ADDRESS OF OPERATOR
P. O. Drawer 570, Farmington, NM 87401
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' ENL & 965' 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

[illegible]

RECEIVED (NOTE: 050)

DEC 23 1981

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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

- | | |
|--|-----------------|
| 5. LEASE
Contract #124 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME
Arizona Jicarilla "A" | |
| 9. WELL NO.
#2 | |
| 10. FIELD OR WILDCAT NAME
So. Blanco Pictured Cliffs | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T25N, R4W | |
| 12. COUNTY OR PARISH
Rio Arriba | 13. STATE
NM |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)
7084' GR | |

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.)*

Propose to re-establish pipeline service to the well and test its producing capabilities.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

TITLE District Prod. Mgr. DATE 12-19-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

***See Instructions on Reverse Side**

APPROVED

DEC 23 1980

DISTRICT ENGINEER

ch 3 mr