5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR CEGLOCICAL SUBVEY

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Jicarilla Contract #416 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 reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas X	Medio Canyon
well well other	9. WELL NO
2. NAME OF OPERATOR	5
Southland Royalty Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	W. Lindrith Gallup-Dakota
P. O. Drawer 570, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Section 25-T24N-R4W
below.) AT SURFACE: 1980' FSL & 790' FEL	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,	ALL ALL HO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
n=1 5111, 511 5111=1	7150' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	•
FRACTURE TREAT	·
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other)Spud and Casing Report _	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	rectionally drilled, give subsurface locations and
Spudded 12-1/4" surface hole at 9:00 to Total Depth of 230. Set 5 joint: K-55 casing at 223'. Cemented with 1/4# flocele per sack and 3% CaCl2. Cement circulated to surface.	s (209.79') of 8-5/8", 24#, 225 sacks of Class "B",
	·-
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Jan Jan TITLE Dist. Prod. M.	gr DATE November 20, 1979
(This space for Federal or State office	ce use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	

*See Instructions on Reverse Side