

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, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 790' 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) Casing Report

SUBSEQUENT REPORT OF:

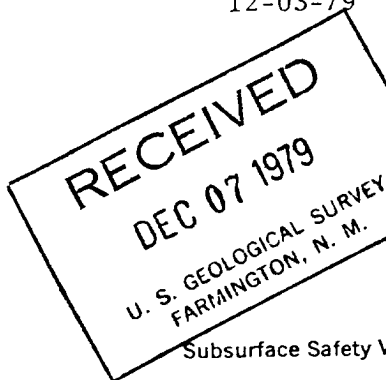
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5. LEASE
Jicarilla Contract 416
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Medio Canyon
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
West Lindrith Gallup-Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 25-T24N-R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7150' GR

(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.)*

12-03-79 Ran 194 joints (7578.17') of 4-1/2", 11.6# & 10.5#, K-55 casing. Set at 7574'. Cemented 1st Stage with 490 sacks of Class "B" 50/50 Poz, 1/4# flocele per sack and 6% gel followed by 70 sacks of Class "B" with 2% CaCl₂. Plug down at 12:15 A.M. 12-04-79. Cemented 2nd Stage with 220 sacks of Class "B" 50/50 Poz with 6% gel. Plug down at 3:00 A.M. 12-04-79. WOCT. Top of cement at 8200'.



Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED [Signature] TITLE Dist. Prod. Manager DATE December 4, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

DIST. 3

1979