

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JG 051965	
2. NAME OF OPERATOR Southland Royalty Company		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	
3. ADDRESS OF OPERATOR P.O. Drawer 570, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface (G) 1710' FNL & 1710' FEL		8. FARM OR LEASE NAME Hill Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7453' GL		10. FIELD AND POOL OR WILDCAT Gavilan Mancos/Gavilan Greenhorn-Graneros-Dakota	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Section 25, T25N, R2W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) *Revision	X	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT		SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	New 9-5/8"	32.30#	H-40	400'	248 cu.ft. (Circ to surface)
* 8-3/4"	New 5-1/2"	15.50#	K-55	4000'	Stge 1: 364 cu.ft (Cover Glp-Mancos)
7-7/8"	New 5-1/2"	15.50#	K-55	7000'	Stge 2: 159 cu.ft.(Cover Cliff House)
7-7/8"	New 5-1/2"	17.00#	K-55	8245'	Stge 3: 314 cu.ft.(Cover Nacimiento)

RECEIVED

AUG 07 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Arthur J. Greengard

TITLE Secretary

DATE 8-02-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

AUG 00 1985