

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-X1424.

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract #151
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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Southland Royalty Company	8. FARM OR LEASE NAME Arizona Jicarilla "B"
3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, NM 87401	9. WELL NO. #8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1075' FNL & 1770' FWL	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde So. Blanco Pictured Cliffs
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6918' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9, T26N, R5W
	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 COMPIETE <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) <u>Perforation and Stimulation</u> <input checked="" type="checkbox"/>	
(Other)		(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.)*

8-22-79 Perforated Pictured Cliffs @ 3526', 3532', 3541', 3548', 3555'.
Total of 15 holes.

Broke down with 400 gallons of 15% HCl.

Fracd Pictured Cliffs with 39,600# of 20/40 sand and 56,048 gallons of water. AIR 13, ATP 1400, SIIP 550.



VE

27 1979

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

SIGNED

TITLE District Production Manager DATE August 24, 1979

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE