UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.	Jicarilla 101
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	

1.

OIL WELL ☐   GAS WELL ☒   OTHER

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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

1825' FSL & 1190' FWL

8. FARM OR LEASE NAME	Jicarilla 101
9. WELL NO.	#6
10. FIELD AND POOL, OR WILDCAT	Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Section 1, T26N, R4W

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7027' GR	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:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Production Tubing Report	XX

(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.)*

9-7-79   Landed 192 joints (6076.38') of 2 3/8", 4.7#, CSR-55, 8 Rd tubing
at 6087.38'. SIFT.

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

SIGNED _____   TITLE District Production Manager   DATE 9-10-79

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 12 1979

*See Instructions on Reverse Side