

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 ☐ gas ☒ other ☐  
2. NAME OF OPERATOR  
Southland Royalty Company  
3. ADDRESS OF OPERATOR  
P. O. Drawer 570, Farmington, NM  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1840' FSL & 1000' 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:  | SUBSEQUENT REPORT OF:    |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>                          | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>                               | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>                             | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>                                  | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                         | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>                            | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>                                 | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>                                     | <input type="checkbox"/> |
| (other) Perforation & Stimulation <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. LEASE  
Jicarilla 446  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Jicarilla 446  
9. WELL NO.  
#1  
10. FIELD OR WILDCAT NAME  
Choza Mesa Pictured Cliffs  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 8, T27N, R3W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7027' 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.)\*

1-11-79

Perforated Pictured Cliffs frm 3757' - 3899' with 15 holes.  
Brokedown with 1,000 gallons of 15% HCl.  
Fractured with 142,548 gallons of water and 120,000# of 20/40 sand.  
ATP 1800 psi, AIR 36 bpm, ISIP 800 psi.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE District Engineer DATE 5-9-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NMOCC

MAY 23 1980  
BY ML Kuchera  
FARMINGTON DISTRICT