

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

|   |  |
|---|--|
| 1. Type of Well<br>GAS  | 5. Lease Number<br>NM-0560425<br>6. If Indian, All. or<br>Tribe Name<br>7. Unit Agreement Name |
| 2. Name of Operator<br>Southland Royalty  | 8. Well Name & Number<br>South Kutz #1<br>9. API Well No.                                      |
| 3. Address & Phone No. of Operator<br>PO Box 4289, Farmington, NM 87499 (505) 326-9700        | 10. Field and Pool<br>Gallegos Gallup<br>11. County and State<br>San Juan Co, NM               |
| 4. Location of Well, Footage, Sec., T, R, M<br>970'FNL, 1630'FEL Sec.11, T-26-N, R-11-W, NMPM |  |

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

| Type of Submission                                   | Type of Action                              |  |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment        | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion       | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment           | <input type="checkbox"/> Plugging Back      | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair      | <input type="checkbox"/> Water Shut off          |
|  | <input type="checkbox"/> Altering Casing    | <input type="checkbox"/> Conversion to Injection |
|  | <input checked="" type="checkbox"/> Other - |  |

13. Describe Proposed or Completed Operations

This well cannot produce to line due to the very high line pressure. In response to your letter of February 24, 1993, we intend to rent a wellhead compressor to obtain production from the well.

RECEIVED  
MAR 22 1993  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM  
93 MAR 17 PM 2:41  
070 FARMINGTON, NM

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

Signed [Signature] (MP) Title Regulatory Affairs Date 3/17/93

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

APPROVED

MAR 19 1993

DISTRICT MANAGER