

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 ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Southland Royalty Company
3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1010' FNL & 1670' 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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Recomplete PC

SUBSEQUENT REPORT OF:

RECEIVED
NOV 22 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
Jicarilla Contract #449
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla 449
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 30, T28N, R3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-21930
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7248' 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.)*

SOUTHLAND ROYALTY COMPANY proposes to recomplete in the lower Pictured Cliffs bench as follows:

Perforate and frac additional pay zone. Perforate from 4112'-4132',
4164'-4182' (1 SPF). Sand water frac.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Pet. Engineer DATE November 18, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

NMOC

DEC 02 1983

M. MULLENBACH

AREA MANAGER