

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 87499-570
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 890/N 890/L
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 6600'
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) Test - State Deliverability

Test for 1983

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.)*

Well will be flowing for three weeks and shut back in.

Flow will begin January 6, 1984 and continue through January 28, 1984.

5. LEASE
82-080382A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Frontier "C"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/NW 16-27N-11W
12. COUNTY OR PARISH: 13. STATE
San Juan NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6217 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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JAN 10 1984

OIL CON. DIV.
DIST. 3

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

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

Signed Kenneth W. Smith District _____ TITLE Field Foreman DATE January 9, 1984

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY _____

TITLE _____

DATE _____

APPROVED

*See Instructions on Reverse Side

ACMOCD

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JAN 10 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

JAN 09 1984
M. MILLENBACH
AREA MANAGER