

**UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
 (Other instructions on reverse side)

Form approved.
 Budget Bureau No. 1004-0135
 Expires August 31, 1985

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.)

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 and in accordance with any State requirements. See also space 17 below.)
 At surface
(N) 1130' FSL & 1890' FWL

BUREAU OF LAND MANAGEMENT
 FARMINGTON RESOURCE AREA

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5834' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM-01772-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Reid

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde

11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA

Section 7, T28N, R9W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Workover	<input checked="" type="checkbox"/>

(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.)

- 3-21-85 MIRU Basin Rig #1 on 3-21-85. RD Pumping Unit. Unseated pump and hot water rod with 35 bbls wtr. Reseated pump and press tested tubing to 1000 psi-OK. Started out of hole with rods, rods dragging. SDON.
- 3-22-85 TOOH with 3/4" rod and 1-1/2" pump. Rel tubing catcher. PU and ran 31 joints tubing. Tagged fill at 4567'. TOOH with tubing. Strapped TIH and set anchor. Landed 144 joints (4336') of 2-3/8", 4.7#, J-55 tbg at 4541', seating nipple at 4507'. ND BOP. RU and ran 3/4" rods with 1-1/2" pump. Spaced pump out and seated same. Press tstd tbg to 1000 psi-OK. RU Pumping Unit. Well Shut In.
- 3-23-85 Returned well to production on 3-23-85.
- 4-04-85 MIRU Basin Rig #1 on 4-4-85. Unseated pump. TOOH with 3/4" rods and pump. Rel tubing anchor. NU BOP. TOOH with 2-3/8" tubing.
- 4-05-85 TIH with tubing catcher and 2-3/8" tubing. Hydrotested tbg to 3500 psi. Set tbg catcher & landed 144 jts of 2-3/8", 4.7#, J-55 tbg @ 4541'. SN @ 4507'. ND BOP & NU WH. RU and ran 3/4" rods & pmp. Spaced out pmp. RU Pmpg unit & returned well to production on 4-5-85. Showing good pump action. Rel rig at 4:30 PM 4-5-85.

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

SIGNED *Esther J. Greys* TITLE Secretary DATE May 16, 1985

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE _____ DATE _____
 CONDITIONS OF APPROVAL IF ANY:

RECEIVED
 MAY 23 1985

MAY 21 1985

OIL CON. DIV. NMOCC *See Instructions on Reverse Side