

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

RECEIVED

JUL 08 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR Southland Royalty Company	
3. ADDRESS OF OPERATOR P.O. Drawer 570, Farmington, New Mexico 87499	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface (E) 1850' FNL & 850' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6435' GL

5. LEASE DESIGNATION AND SERIAL NO. NM-02294	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Whitley	
9. WELL NO. 10	
10. FIELD AND POOL, OR WILDCAT Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 17, T27N, R9W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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 PLANE <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) <input checked="" type="checkbox"/> Install Pumping Equipment	

(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.) *

- 5-20-85 MIRU Basin Rig #3 on 5-20-85. Blow well down. TOOH with 1-1/2" tubing. PU 4-1/2" casing scraper and 3-7/8" bit. Clean out to 7000'. TOOH and LD 1-1/2" tubing, bit and scraper.
- 5-21-85 PU packer, TIH on 2-3/8" tubing, packer set at 6800'. Landed 223 jts (6815') of 2-3/8", 4.7#, J-55 tubing at 6831'. PU 1-1/2" X 16' pump and 95 rods.
- 5-22-85 Ran 100 - 3/4" X 25' rods; 74 - 7/8" X 25' rods. Landed pump at 6800'. Rel rig at 2:00 PM 5-22-85. Well shut in.
- 6-7-85 MIRU Basin Well Service on 6-07-85. TOOH with pump and rods. Check pump, replaced seating cup. TIH with pump and rods. Spaced pump out. Repaired stuffing box and tightened casing head bolts. Started pumping unit, showed pump action. Rel service unit on 6-7-85. Well Shut In.
- 6-11-85 Well pumping on 6-11-85.

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

SIGNED

Arthur J. Glaze

TITLE

Secretary

(This space for Federal or State office use)

DATE

7-05-85

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 17 1985

FARMINGTON RESOURCE AREA

BY

Jmm

*See Instructions on Reverse Side

NMOCC