Form 9-331 May 1963)	DEDA	UNITED STATE	ES	SUBMIT IN TRIPLIC	CATE.	Form approx	ved.	
	DEPARTMENT OF THE INTERIOR (Other instructions on re-				5. Li	ASE DESIGNATION	eau No. 42-H1424.	
SUNDRY NOTICES AND REPORTS ON WELLS					SI	SF-077874 6. IF INDIAN, ALLOTTEE OR TRIVE NAME		
(Do not	use this form for r Use "API	proposals to drill or to deepe PLICATION FOR PERMIT—"	n or plug back to for such proposal	WELLS o a different reservoir. ls.)	J 5. 1.	ADIAN, ACLUTTE	E OR TRIVE NAME	
OIL GAS X OTHER 2. NAME OF OPERATOR						7. UNIT AGREEMENT NAME		
Southland Royalty Company 3. ADDRESS OF OPERATOR					Ha	8. FARM OR LEASE NAME Hanks		
P. O. Box 570, Farmington, New Mexico 87401						9. WELL NO. #24		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface						10. FIELD AND POOL, OR WILDCAT		
670' FNL & 1850' FEL						Blanco Mesa Verde 11. SEC., T., E., M., OR BLK. AND SUBVEY OR AREA		
4. PERMIT NO.		15. ELEVATIONS (Show	whether DF, RT, GR,	, etc.)	12, co	C. 5, T27N	R9W	
6.	Chask				Sai	n Juan	New Mexic	
	NOTICE OF IN	Appropriate Box To Inc	alcate Nature	of Notice, Report,	or Other D	ata		
TEST WATER				SUI	BSEQUENT REF	ORT OF:		
FRACTURE TE	\ 	PULL OR ALTER CASING MULTIPLE COMPLETE		WATER SHUT-OFF		REPAIRING W	ELL	
SHOOT OR AC	CIDIZE	ABANDON*	i i	FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING CA	 -	
REPAIR WELL		CHANGE PLANS	1 1	(Other)	Casi	ng Report	T* X	
(Other)				(Note: Report res Completion or Rec	sults of multi	nle commitation		
proposed w	ork. If well is dire work.)	OPERATIONS (Clearly state all ectionally drilled, give subsur	pertinent details face locations and	s, and give pertinent de d measured and true ve	ates, including	g estimated date for all markers	of starting any and zones perti-	
8-23-78	#03 Duc/12	nts of 7", 20#, r of 50/50, Class " ed by 70 sacks of 8-24-78.	'K'' 17777 1.171 t	-6 ! //# ~~1 £1.	ake per	ented with sack and 6 down at	1 5%	
8-25-78		nts of 4 1/2", 10 ith 270 sacks of sack and .6% Hala	DUZ 101. C (A	166K., 2004 44-1	- CO		73'. gel	
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*See Instructions on Reverse Side

DATE _

NMOCC

TITLE _

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: