New Mexico

UNITED STATES							
DEPARTMENT	OF	THE	INTERIOR				
GEOLOG	ICAL	SUF	RVEY				

SHINDRY	NOTICES	AND	REPORTS	ΩN	WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-0 for such proposals.) 1. oil well gas

well X. 2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

P.O. Drawer 570, Farmington, N.M. 87401

other

4. LOCATION OF WELL INSPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1020' FSL & 725' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

IS. SHECK APPROPRIATE ESM TO INDICATE MATURE OF NOTICE. REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF:

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REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

RACTURE TREAT HOOT OR ACIDIZE FEFAIR WELL PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES **HEANDON®** 

other) Spud and Casing Report

sults of multiple completion or zona [CQI] inange on Form 9-330.1. U. S. GEULOGICAL SURVEY this man in the second

RECEIVED

5. LEASE

Hanks

12-E

9. WELL NO.

AREA

14. API NO.

San Juan

6487' GR

SF-077874

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

10. FIELD OR WILDCAT NAME

Basin Dakota

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR

15. ELEVATIONS (SHOW DF. KDB. AND 40)

Section 7, T27N, R9W

12. COUNTY OR PARISH! 13. STATE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. notuding estimated state 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.)\*

11-03-80 Spudded 12-1/4" surface hole at 10:00 P.M. 10-03-80 and drilled to a Total Depth of 229'.

> Ran 5 joints (209') of 8-5/8", 24#, K-55 casing set at 221'. Cemented with 140 sacks of Class "B" with 1/4# gel flake per sack and 3% CaCl2. Plug down at 3:30 A.M. 11-04-80. Cement circulated to surface.

Subsurface Safety Valve: Manu. and Type				
18. I hereby certify that the foregoing is tr	ue and correct			
18. I hereby certify that the foregoing is tr	TITLE Dist.P	rod. Mgr. DATE	November 5, 19	80
	(This space for Federal	or State office use)		
APPROVED BY F ANY	TITLE	DATE		

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\*See Instructions on Reverse Side