

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
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1820' FSL & 1980' FWL ✓
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF-080382-A ✓
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Frontier "C"
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 16, T27N, R11W ✓
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. APT NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

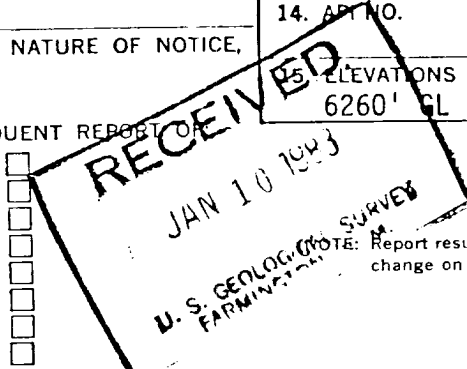
REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

(other) Propose to lay 2" line



15. ELEVATIONS (SHOW DF, KDB, AND WD)
6260' GL

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

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.)*

SOUTHLAND ROYALTY COMPANY hereby proposes to lay a 2" surface line from this well to a temporary sales meter on the Schwerdtfeger #12 location (SW/4-16-27-11). This is necessary because the gas purchaser (El Paso Natural) has been unable to secure a pipeline ROW from the Navajo Tribe to date. This will be a temporary facility and will be removed when the permanent right-of-way is approved. No significant surface disturbance will be caused.

All approval of this temporary line is withdrawn when permanent line is approved

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

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

SIGNED R. E. Zalden TITLE Dist. Engineer DATE January 6, 1983

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

NMCCG