

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-077874 6. If Indian, All. or Tribe Name 7. Unit Agreement Name
2. Name of Operator Southland Royalty	8. Well Name & Number Hanks #16E 9. API Well No. 30-039-
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	10. Field and Pool Basin Dakota 11. County and State San Juan Co, NM
4. Location of Well, Footage, Sec., T, R, M 1520'FNL, 1725'FWL Sec.6, T-27-N, R-9-W, NMPM	

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

Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input checked="" type="checkbox"/> Plugging Back <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -

13. Describe Proposed or Completed Operations

It is intended to plugback this wellbore from the Dakota formation and recomplete to the Fruitland Coal formation. Plans for this work will be submitted by December 15, 1992.

RECEIVED
SEP 16 1992

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

Signed Deputy State Engineer (KAS) Title Regulatory Affairs Date 9/15/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ **APPROVED**

CONDITION OF APPROVAL, if any:

SEP 16 1992

AREA MANAGER

NM000
