MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\*

(other)

Spud & Casing Report

Form Approved.

## UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424		
	5, LEASE		
	NM-33026		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
_			
	7. UNIT AGREEMENT NAME		
t			
_	8. FARM OR LEASE NAME		
	Trading Post		
_	9. WELL NO.		
	#1		
_	10. FIELD OR WILDCAT NAME		
	Basin Dakota		
	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
7	AREA		
	Section 34, T27N, R12W		
	12. COUNTY OR PARISH 13. STATE		
	San Juan New Mexico		
	14. API NO.		
,			
	15. ELEVATIONS (SHOW DF, KDB, AND WD)		

**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.) well 🗆 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: 790' FNL & 1750' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA <u>584</u>6' હૈા SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING

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.)\*

2-22-83 Spudded 12-1/4" surface hole at 2:15 pm on 2-22-83 and drilled to a TD of 315'. Set 7 joints (297') of 8-5/8", 24# casing at 310'. Cemented with 295 cubic feet of Class "B" containing 3% CaCL2 and 1/4 pound cello flake. Cement fell back 25'. Recemented top with an additional 59 cubic feet Class "B" containing 3% CaCL2. Cement circulated to surface.

Subsurface Safety Valve: Manu. and Type	UIL CO.N. DE	- •
18. I hereby certify that the foregoing is t	rue and correct	
signed Shory Sterley	TITLE Secretary D	February 23, 1983
0 0	(This space for Federal or State office use)	
APPROVED BY	TITLE	DATE

Abobe a 588 Retorn

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\*See Instructions on Reverse Side