

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078872-A	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 570, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface (N) 605' FSL & 1945' FWL		8. FARM OR LEASE NAME Frontier "B"	
14. PERMIT NO.		9. WELL NO. 3E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6174' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 4, T27N, R11W	
		12. COUNTY OR PARISH: 13. STATE San Juan New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> TD & Casing Report	

(NOTE: Report results of multiple completion on Well Completion or Recombination Report and Log form.)

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.)

10/16/84 TD 7-7/8" hole at 6750'.

10/17/84 Ran 157 joints (6736') of 4-1/2", 11.6#, K-55 casing set at 6748'. Cemented 1st Stage with 325 sacks (416 cu.ft.) of Class "B" 50/50 Poz with 2% gel, 10% salt and 1/4# flocele per sack, tailed with 50 sacks (59 cu.ft.) of Class "B" neat cement. Plug down at 11:00 PM 10-17-84. Circulated 4 hrs. Cemented 2nd Stage with 338 sacks (568 cu.f.t) of Class "B" 50/50 Poz with 2% gel, 10% salt, 10% Calseal and 12-1/2# gilsonite per sack, tailed with 50 sacks (59 cu.ft.) of Class "B" cement with 2% CaCl2. Plug down at 3:00 AM 10-18-84. Circulated 4 hrs.

10/18/84 Cemented 3rd Stage with 385 sacks (648 cu.ft.) of Class "B" 65/35 Poz with 2% gel, 10% salt, 10% Calseal and 12-1/2# gilsonite per sack, tailed with 50 sacks (59 cu.ft.) of Class "B" neat with 2% CaCl2. Plug down at 7:30 AM 10-18-84. Good circulation throughout job. Rel rig at 10:00 AM 10-18-84. Ran temperature survey - TOC @ 300'. Well WOCT....

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

SIGNED Arthur Greysen

TITLE Secretary

DATE

10/19/84

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

NOV 08 1984

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY

Smm