5. LEASE

## UNITED STATES

| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGREEMENT NAME   |
| (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.)  | 8. FARM OR LEASE NAME  |
| 1 all good  | Newman "A"   |
| 1. oil gas X other  | 9. WELL NO   |
| 2. NAME OF OPERATOR   |  |
|   | 10. FIELD OR WILDCAT NAME  |
| Southland Royalty Company   | Basin Dakota   |
| 3. ADDRESS OF OPERATOR  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR  |
| P. O. Drawer 570, Farmington, NM 87401  | i  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  |  |
| below.)<br>AT SURFACE: 930' FSL & 1090' FEL   | Section 19, T28N, R10W  12. COUNTY OR PARISH 13. STATE   |
| AT SURFACE: 930' FSL & 1090' FEL AT TOP PROD. INTERVAL:   |  |
| AT TOTAL DEPTH:   | San Juan New Mexico  |
|   | 14. API NO.  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE  |  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  | 5999' GR   |
|   |  |
| TEST WATER SHUT-OFF   |  |
| SHOOT OR ACIDIZE  | 그는 그는 그는 그를 통해한 그 옷이 환자되고 있다.  |
| REPAIR WELL   | (NOTE: Report results of multiple completion or zone   |
| PULL OR ALTER CASING  | change on Form 9-330.)   |
| MULTIPLE COMPLETE   |  |
| CHANGE ZONES  |  |
| ABANDON*  |  |
| (other) Revised Casing and Cement Program   |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stational including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting | directionally drilled, give subsurface locations and   |
| Size of Hole Size of Casing Weight/Foot   | Setting Depth Quantity of Cemer  |
|   | 2001   |
| 12 1/4" 8 5/8" 24#  | 200' 140 sacks   |
| 7 7/8" 5 1/2" 15.5#   | 6641' 210 sacks (Stage   |
|   | 320 sacks (Stage   |
|   | 165 sacks (Stage   |
|   | The state of the s |
|   |  |
|   |  |
|   |  |
|   |  |
| Subsurface Safety Valve: Manu. and Type   | Set @Ft. 1/6.  |
| 18. I hereby certify that the folegoing is true and correct   |  |
| The receipt certary that the pregoning time and content   | Mor. 11-1-79   |
| SIGNED TITLE DISC. PICU.  | MGT. DATE  |
|   | office use)  |

NMOCC\*

\_ TITLE .

\*See Instructions on Reverse Side

