UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

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| 6. | IF | INDIA | ١N. | ALL | OTT | EE C |)R 1 | TRIBE | NAM | 16 |
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| 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, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1110' FNL & 830' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

REPAIR WELL

ABANDON*

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

SUBSEQUENT REPORT OF:

9. WELL NO.

9-E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

10. FIELD OR WILDCAT NAME Basin Dakota/Undesignated Fruitland

Form Approved.

Budget Bureau No. 42-B1424

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARFA

Section 16-T28N-R10W

12. COUNTY OR PARISH 13. STATE San **Juan** New Mexico

14. API NO.

Cain

15. ELEVATIONS (SHOW DF, KDB, AND WD) 5749' GR

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

FARMINGTON, N. M. Spud & Casing Report (other) 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.)*

Spudded 12-1/4" surface hole at 9:00 P.M. 4-12-80 and drilled to 4-12-80 total depth of 243'. Ran 5 joints (218.06') of 8-5/8", 24#, K-55, ST&C casing set at 230'. Cemented with 140 sacks of Class "B" with 1/4# gel flake per sack and 3% CaCl2. Plug down at 2:45 A.M. 4-13-80. Circulated cement to surface.

APR 1.5 1990

U. S. CECLOGICAL SURVEY

Subsurface Safety Valve: Manu. and Type

true and correct ereby certify that the foregoin

TITLE Dist. Prod. Mgr. DATE April 14

Oil. 1980

Set @

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE

ACCRETED FOR Forest

*See Instructions on Reverse Side

NMOCC

APRIL 1999