UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

| | Budget Bureau No. 42-K1424 | | | |
|----|---|--|--|--|
| | 5. LEASE | | | |
| | SF-075794 | | | |
| | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | | |
| _ | | | | |
| | 7. UNIT AGREEMENT NAME | | | |
| ıt | | | | |
| | 8. FARM OR LEASE NAME | | | |
| | Hughes | | | |
| | 9. WELL NO. | | | |
| | 2-E | | | |
| | 10. FIELD OR WILDCAT NAME | | | |
| | Basin Dakota | | | |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | | | |
| 7 | AREA | | | |
| | Section 23, T28N, R11W | | | |
| | 12. COUNTY OR PARISH 13. STATE | | | |
| | San Juan New Mexico | | | |
| | 14. API NO. | | | |
| | | | | |
| | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | | |
| | 5774' GR | | | |

(Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.) gas 1. oil X other well 2. NAME OF OPERATOR Southland Royalty Company 3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 below.) 910' FNL & 1060' FEL AT SURFACE: AT TOP PROD. INTERVAL:

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

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Spud and Casing Report

AT TOTAL DEPTH:

SUBSEQUENT REPORT OF:

(NOTE: Report results of multiple completion or zon change on Form 9-330.)

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 11:00 a.m. 10-01-80 and drilled to 10/01/80 a total depth of 221'. Ran 5 joints (208') of 8-5/8", 24#, H-40 casing set at 221'. Cemented with 120 sacks of Class "B" with 1/4# gel flake per sack and 3% CaCl2. Plug down at 3:30 P.M. 10-01-80. Cement circulated to surface.

| Subsurface Safety Valve: Manu. and Type _ | | Set @ | Ft. |
|--|--|----------------------|-----|
| 18. I hereby certify that the foregoing is tru | ue and correct TITLE District Engineer | DATE October 2, 1980 | |
| ACCEPTED FOR RECORD | (This space for Federal or State office use) | | |
| APPROVED BY CONDITIONS OF APPROVAL 8-1980 | TITLE | | |
| , | MAD ON | | |

RMINGTON DISTRICT