

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number NM-4456
2. Name of Operator SOUTHLAND ROYALTY	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec., T, R, M 1040'FSL, 1040'FWL Sec.4, T-30-N, R-5-W, NMPM	8. Well Name & Number Cat Draw #1
	9. API Well No. 30-039-20121
	10. Field and Pool Basin Dakota
	11. County and State Rio Arriba Co, NM

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

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injectio

13. Describe Proposed or Completed Operations

It is planned to set packers using a swabbing unit to determine the source of the water and if a casing failure exists in this well. After that determination, a decision will be made to plug and abandon, recomplete, or repair the well and produce.

MAY 24 1994
OIL CON. DIV.
DIST. 3
RECEIVED

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

Signed [Signature] (JG) Title Regulatory Affairs Date 5/17/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

44000

MAY 24 1994
DISTRICT MANAGER