

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

RECEIVED  
SEP 22 1994

2. Name of Operator  
SOUTHLAND ROYALTY COMPANY

OIL CON. DIV.  
DIST. 8

3. Address & Phone No. of Operator  
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M  
2055'FNL, 405'FEL, Sec.34, T-31-N, R-8-W, NMPM

- 5. Lease Number  
SF-079037
- 6. If Indian, All. or Tribe Name
- 7. Unit Agreement Name
- 8. Well Name & Number  
Hale #4
- 9. API Well No.  
30-045-10119
- 10. Field and Pool  
Blanco MV/Basin DK
- 11. County and State  
San Juan Co, NM

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

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

13. Describe Proposed or Completed Operations

The plugged & abandoned Dakota formation will be drilled out and casing tested. The Dakota will be perforated and fracture stimulated. The Dakota then will be flow tested for commercial production. If commercial, a packer will be run to isolate the Mesaverde and the well will be produced as a Mesaverde/Dakota dual.

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RLM  
070 FARMINGTON, NM  
04 SEP 14 PM 3:21

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

Signed [Signature] (JAS6) Title Regulatory Affairs Date 9/13/94

(This space for Federal or State Office use)  
APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

CONDITION OF APPROVAL, if any:

Date SEP 14 1994

APPROVED  
[Signature]  
DISTRICT MANAGER

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