

(MAY 1963)

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

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SE-078198

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT..." for such proposals.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Southland Royalty Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Drawer 570, Farmington, New Mexico</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>940' FNL & 1640' FWL</u></p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Nye</u></p> <p>9. WELL NO. <u>#16-A</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Blanco Mesa Verde</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 12, T30N, R11W</u></p> <p>12. COUNTY OR PARISH <u>San Juan</u></p> <p>13. STATE <u>New Mexico</u></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5935' GR</u></p>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud and Casing Report</u>	<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

5-17-78 Spudded 12-1/4" surface hole at 1:00 PM to a TD 220'. Ran 5 joints of 9-5/8", 36#, K-55, 8rd casing. Set at 217. Cemented with 120 sacks Class "B" with 1/4# gel flake per sack and 3% CaCl₂. Cement circ to surface. Plug down at 6:30 PM 5-17-78.



RECEIVED

MAY 22 1978

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

SIGNED

TITLE District Production Manager DATE May 18, 1978

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side