

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-077282
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FNL & 1450' FWL		8. FARM OR LEASE NAME Grenier "A"
14. PERMIT NO.		9. WELL NO. #8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6122' GR		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 35, T30N, R10W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) CHANGE PIPE PROGRAM/DUAL WELL <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

PROPOSED CASING AND CEMENTING PROGRAM.

SZ. HOLE	SZ. CSG.	WT/FT.	SETTING DEPTH	QUAN. CMT.
12-1/4"	9-5/8"	36#	200'	130 cu. ft.
8-3/4"	7"	23#	5355'	253 cu. ft.-1st stg
				414 cu. ft.-2nd stg
6-1/4"	4-1/2"	10.50#	5205'-7000'	377 cu. ft.
	4-1/2"	11.60#	7000'-7224'	
	1-1/2"	2.90#	5200'	
	1-1/2"	2.90#	7200'	

RECEIVED



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

SIGNED

TITLE District Production Manager DATE June 28, 1978

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side