

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.

SF-077282

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Grenier "A"

9. WELL NO.

#8

10. FIELD AND POOL, OR WILDCAT

Bianco Mesa Verde
Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 35, T30N, R10W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1.

OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

P.O. Box 570, Farmington, NM 87401

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6122' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Spud & Casing Report ☒

(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.)*

6-29-78 Spudded 12 1/4" surface hole at 1:15 PM, 6-29-78, to a TD of 219'.
Ran 5 jts. of 9 5/8", 36#, K-55, casing set at 219'. Cemented with
120 sacks of Class "B" with 3% CaCl₂, and 1/4# flocele per sack.
Cement circulated to surface. Plug down at 5:45 PM, 6-29-78.

RECEIVED

JUL 18 1978

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

SIGNED

TITLE District Production Manager DATE 6-30-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side