Form 9-331

UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved, Budget Bureau No. 42-R1424.

901 3	a y 1963)		MENT OF THE		R (Other instructions on verse side)	SF-0781			
	(Do not use the	INDRY NOT his form for propo	IICES AND RE	PORTS O	N WELLS ck to a different reservoir.	6. IF INDIAN,	ALLOTTEE OR TRIBE N.	AME	
1.	I. OIL GAS V						7. UNIT AGREEMENT NAME		
_	WE'L WEL					8. FARM OR LI	EASE NAME		
2.							Hampton		
	Southland Royalty Company ADDRESS OF OPERATOR						9. WELL NO.		
3.		P. O. Drawer 570, Farmington, New Mexico					#5		
4	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT		
4.	See also space 17 below.) At surface					Blanco	Blanco Mesa Verde		
	920' FNL & 1530' FWL					11. SEC., T., R.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
						Section	13, T30N, R	11W	
14.	PERMIT NO.		15. ELEVATIONS (Sho	w whether DF, R	T, GR, etc.)	12. COUNTY O	R PARISH 13. STATE		
			59	983'GR		San Jua	n New Me	xico	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data								
	NOTICE OF INTENTION TO:					EQUENT REPORT OF	:		
	TEST WATER SHU	T-OFF	PULL OR ALTER CASING	, [WATER SHUT-OFF	REI	PAIRING WELL		
	FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	AL7	TERING CASING		
	SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ANDONMENT*		
	REPAIR WELL		CHANGE PLANS		(Other)	asing Repor			
	(Other)				(Note: Report resu Completion or Reco	ilts of multiple con mpletion Report an	apletion on Well d Log form.)		
17.	proposed work. nent to this work	If well is direct k.) *	ionally drilled, give sui	osuriace locatio	details, and give pertinent dains and measured and true ver	icai depuis for an	markers and source p	perti	
	4-25-79	36#. K-55	at 231' (218') ck and 3% CaC). Cemen	1:00 PM 4-25-79. ted with 135 sacks down at 7:00 PM 4-	s Class "B"	with 1/4#		
						MAY 2 197 OIL CON. CON DIST 3	3		
18.	I hereby certify the	hat the foregoing	is true and correct				1		
	SIGNED	(Ta	Mila	ritle Dis	trict Engineer	DATE	April 26, 19	79	

nynocc *See Instructions on Reverse Side

TITLE _

(This space for Federal or State office use)

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY: