

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P. O. Drawer 570, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 970' FSL & 1680' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☒
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

DEC 06 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
SF-078144

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hampton

9. WELL NO.
4M

10. FIELD OR WILDCAT NAME
Basin Dakota/Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 13, T30N, R11W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6124' GL

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.)*

Southland Royalty Company proposes to alter production casing program as follows:

- 1) Run full string (7200') of 5-1/2", 15.5# (0-2417') and 17# (2417'-7200') K-55 casing.
- 2) Float equipment - Bakerline flapper float shoe, Lynes RTS-ECP above float shoe, Bakerline DV tool above ECP.
- 3) Set packer at 7200'.
- 4) Open DV tool, cement from 7200' to 4845' with 165 sacks 50/50 Class "B" Poz, 6% gel and 0.6% Halad 9, followed by 50 sacks of Class "B" neat. Volume (303 cu.ft.) is 25% excess to cover into intermediate shoe.
- 5) Interval 7200'-7246' will be completed as open hole natural.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R. E. Fickler TITLE Dist. Engineer DATE December 6, 1983

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED

DEC 7 1983

AREA MANAGER
FARMINGTON RESOURCE AREA