orm 3160-5 ovember 1983)

16

TEST WATER SHUT-OF

## UNITED STATES

SUBMIT IN TRIPLICATES
(Other instructions on re-

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

| ,   | BUREAU OF LAND MANAGEMENT   | SF-077922   |  |
|-----|---|---|--|
|     | 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.)   | 6. IF INDIAN, AULOTTEE OR TRIBE NAME                |  |
| _   | OIL GAS XX OTHER  | 7. UNIT AGREEMENT NAME                              |  |
| · · | NAME OF OPERATOR  | 8. PARM OR LEASE NAME                               |  |
|     | Southland Royalty Company   | McGrath   |  |
| 3.  | ADDRESS OF OPERATOR   | 9. WELL NO.   |  |
|     | P. O. Drawer 570, Farmington, New Mexico 87499  | 4   |  |
| 4.  | LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  | Flora Vista Mesaverde                               |  |
|     | 800' FNL & 1730' FEL  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA |  |
|     | pamt ( ) in the second of the | Section 34, T30N, R12W                              |  |
| 14  | PERMIT NO. 15. ELEVATIONS (Show whether Dr. RT. GR. etc.)   | 12. COUNTY OR PARISH   13. STATE                    |  |

| Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data |                    |                 |  |  |  |  |  |
|---|--------------------|-----------------|--|--|--|--|--|
| TICE OF INTENTION TO: SUBSEQUENT REPORT OF:                               |                    |                 |  |  |  |  |  |
| PULL OR ALTER CASING  | WATER SETAW        | REPAIRING WELL  |  |  |  |  |  |
| MULTIPLE COMPLETE   | FRACTURE TREATMENT | ALTERING CASING |  |  |  |  |  |

FRACTURE TREAT SHOOTING OR ACIDIZING 10ther) Spud & 8-5/8" Csg, Cmt & Pressx Tst SHOOT OR ACIDIZE ABANDON\* REPAIR WELL CHANGE PLANS (Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Otheri

17 OESCRIBE 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 (rue vertical depths for all markers and zones pertinent to this work.) \*

San Juan

New Mexico

MIRU Four Corners Rig #12 9/03/84

Spudded 12-1/4" surface hole at 6:00 PM and drilled to 240'. 9/04/84 Ran 5 joints (219') of 8-5/8", 24#, K-55 casing set at 231'. Cemented with 230 sacks (271 cu.ft.) of Class "B" with 1/4# celloflake per sack and 3% CaCl2. Plug down at 11:30 PM 9-4-84. Circulated 5 bbls cement to surface.

9/05/84 Pressure tested to 1000 psi for 30 minutes-OK.

| I hereby cerify that the foregoing is true and correct Si NED Sthut Silver | TITLE Secretary                  | DATE 9-06-84             |
|--|----------------------------------|--------------------------|
| (This space for Federal or State office use)                               |                                  | ACCEPTED FOR RECORD      |
| APPROVED PY  | TITLE                            | DATE                     |
| CONDITIONS OF APPROVAL, IF ANY:  |                                  | SEP 21 1964              |
| *  | See Instructions on Reverse Side | FARMINGTON RESCUNCE AREA |

Three 1. 11.4.7. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the Unit of agency of false, fictitious or fraudulent statements or representations on to the unit of the Un and the false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.