

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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.

200

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., M., OR S.E. AND

SUBST. OR AREA
Sec. 26, T30N, R10W
NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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 <input type="checkbox"/>	14. PERMIT NO.
2. NAME OF OPERATOR Southland Royalty Company	15. ELEVATIONS (Show whether OF, BT, OR, etc.) 6114' GL
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, NM 87499	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'N, 990'W	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Revision <input checked="" type="checkbox"/>	X	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DES. RIDE 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.) *

Attached is a copy of the C102 showing the revised pool & dedication.

RECEIVED

DEC 28 1988

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
JAN 9 1989
OIL CON. DIV.
DIST. 2

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 12-22-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JAN 13 1989

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY [Signature]

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

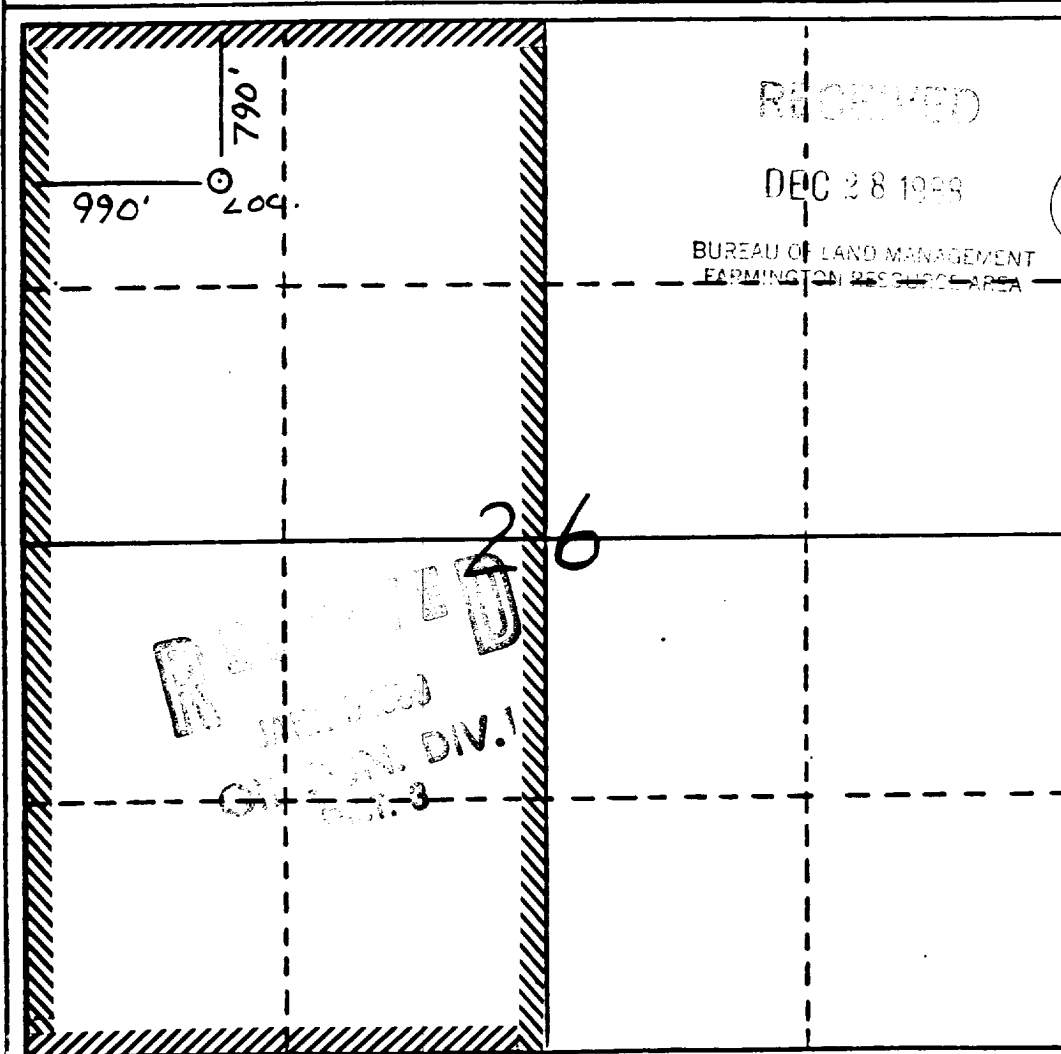
Operator Southland Royalty Company			Lease Grenier A		Well No. 200
Unit Letter D	Section 26	Township 30 North	Range 10 West	County San Juan	
Actual Footage Location of Wells 790 feet from the North line and 990 feet from the West line					
Ground Level Elev. 6114	Producing Formation Fruitland Coal		Pool Basin		Dedicated Acreage: 316.24 320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Regulatory Affairs

Position
Southland Royalty Co

Company
12-23-88

Date

I hereby certify that the location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Neale C. Edwards
Date Surveyed
8-15-88

Registered Professional Engineer and/or Land Surveyor

Neale C. Edwards

Certificate No.
6857

