UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1. Type of Well GAS 2. Name of Operator Southland Royalty Company 3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505)326-9700 9. 4. Location of Well, Footage, Sec, T, R, M. 1840'S, 1840'W Sec.25, T- 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE Type of Submission Notice of Intent Abandonment	ction _ Change of Plans _ New Construction _ Non-Routine Fracturin _ Water Shut Off
2. Name of Operator Southland Royalty Company 3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505)326-9700 9 4. Location of Well, Footage, Sec, T, R, M. 1840'S, 1840'W Sec.25, T- 2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC Type of Submission Notice of Intent Recompletion Subsequent Report Plugging Back Casing Repair Final Abandonment Altering Casing Other 13. Describe Proposed or Completed Operations This well has produced for an extended period of times and the standard of the standard o	Well Name & Number Burnt Mesa #1 API Well No. D.Field and Pool Blanco Mesa Verde L.County and State San Juan County, NM CE, REPORT, OTHER DATA ction Change of Plans New Construction Non-Routine Fracturing Water Shut Off
1840'S, 1840'W Sec.25, T- 2.CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE Type of Submission Type of Act Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Casing Repair Final Abandonment Altering Casing Cother 13. Describe Proposed or Completed Operations This well has produced for an extended period of times.	Blanco Mesa Verde L.County and State San Juan County, NM CE, REPORT, OTHER DATA ction Change of Plans New Construction Non-Routine Fracturin Water Shut Off
Type of Submission Type of Administration Abandonment Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other This well has produced for an extended period of time Type of Administration	ction _ Change of Plans _ New Construction _ Non-Routine Fracturin _ Water Shut Off
This well has produced for an extended period of ti	_ conversion to injecti
	me in the past year.
JUNI 1 1990 OIL CON. DIV	
THIS APPROVAL LAPIAL FEB 03 1991	
14. I hereby certify that the foregoing is true and Signed Hadred Title Regulatory Aff	The state of the s

NMOCD

____TITLE

Ken Townsend

FOR AREA TO SEE

FARMS

APPROVED BY _

CONDITION OF APPROVAL, IF ANY: