REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES 4BANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF-077651
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	Richardson
	9. WELL NO.
2. NAME OF OPERATOR	#10E
Southland Royalty Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota/Undesignated Fruitland
P.O. Drawer 570, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Section 10, T31N, R12W
AT SURFACE: 1530'FSL & 1120'FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6231
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	

NOTE: Report results of multiple completion or cone

change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Cleanly 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 requests permission to do the following:

- Acidize the Dakota formation perfs. from 7268-7388 with 250 gallons 15% NE acid.
- Displace this acid down tubing with Nitrogen.

December

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

Subsurface Safety Valve: Manu. and Type _

TITLE District Engineer DATE SIGNED

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE

of Sul

*See Instructions on Reverse Side

Janu 4 1