

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

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078115	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 980'N, 1720'W		8. FARM OR LEASE NAME Grenier	
14. PERMIT NO.		9. WELL NO. 23E	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6013'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-31-N, R-11-W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

01-01-86 MOL & RU. Kill well. ND WH, NU BOP. TOOH w/ 2 3/8" tbg.  
01-03-86 TIH & CO to 7135'. TOOH.  
01-04-86 TIH w/4 1/2" pkr set @ 6880'. Pkr. malfunctioned. TOOH.  
01-05-86 TIH w/4 1/2" pkr set @ 6080'. PT csg. 2000#, ok. TIH, set @ 7040'.  
01-07 thru 01-08 Swab lower perfs.  
01-09-86 Ran Gamma Ray & temp. survey logs, indicated communication from lower to upper perfs. Top of communication @ 6983'. TOOH. Lost pkr in hole.  
01-10 thru 01-18 Fished pkr out of hole.  
01-21-86 Set 4 1/2" cmt. retainer on wireline @ 7050'. TIH w/2 3/8" tbg, sting into cmt. retainer. Squeeze lower perfs @ 7066' thru 7102' w/50 sx. 10-0 RFC cmt (80 cu.ft.). Sting out of retainer & TOOH. TIH w/3 7/8" bit, clean out cmt 7045-7050'.  
01-22-86 Spot 500 gal. 7 1/2% HCl @ 7043'. Landed 2 3/8", 4.7#, J-55 EUE tbg. @ 7019'. ND BOP. NU WH. Swabbed well. RD. Released rig.

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

SIGNED

TITLE Drilling Clerk

DATE 03-10-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE MAR 11 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY

Smm