

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
Southland Royalty

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1020' FSL, 1610' FWL Sec. 4, T-31-N, R-12-W, NMPM

5. Lease Number
SF-078146

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Culpepper Martin #16E

9. API Well No.
30-045-25026

10. Field and Pool
Basin Dakota

11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

☐ Notice of Intent	☒ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other -	

13. Describe Proposed or Completed Operations

10-05-92 MOL&RU. ND WH. NU BOP. Tbg hanger broke on 1st jt, fished. TOOH w/232 jts tbg. Set cmt ret @ 6926'. PT tbg 1500#. SDFN.

10-06-92 PT csg 500#, ok. Est inj rate. Cmt plug #1 w/34 sx below ret, 5 sx on top of ret. TOOH to 6831'. Spot 15 bbl 9# 50 vis mud 6831-6184'. TOOH to 6189'. Cmt plug #2 w/17 sx 6189-6036'. TOOH to 6011'. Spot 34 bbl 9# 50 vis mud 6011-4544'. TOOH to 4544'. Cmt plug #3 w/25 sx 4544-4401'. TOOH to 4346', spot 14 bbl 9# 50 vis mud 4346-4046'. TOOH to 4042'. Cmt plug #4 w/34 sx cmt 4042-3892'. TOOH to 3856', spot 67 bbl 9# 50 vis mud 3856-2430'. TOOH to 2456'. Cmt plug #5 w/34 sx 2456-2306'. TOOH to 2276'. Spot 9 bbl 9# 50 vis mud 2276-2073'. TOOH to 2065'. Cmt plug #6 w/34 sx 2065-1915'. TOOH to 1869'. Spot 58 bbl. 9# 50 vis mud 1869-633'. TOOH. SDFN.

10-07-92 Perf 2 holes @ 633'. Est circ down csg & out bradenhead. Cmt plug # 7 w/241 sx cmt down csg, circ 2 bbl good cmt out bradenhead. Cut off WH. Install dry hole marker. Well plugged & abandoned.

Approved as to plugging of the well bore.
Liability under bond is retained until

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

Signed [Signature] Title Regulatory Affairs Date 10/9/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

Date 10/11/1992

AREA MANAGER