

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM MAIL ROOM

Sundry Notices and Reports on Wells

95 OCT -4 PM 1:01

1. Type of Well  
GAS

070 FARMINGTON, NM.

5. Lease Number  
NM-2996  
If Indian, All. or  
Tribe Name

2. Name of Operator

SOUTHLAND ROYALTY COMPANY

7. Unit Agreement Name

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

8. Well Name & Number  
Burnt Mesa #101

9. API Well No.  
30-045-26974

4. Location of Well, Footage, Sec., T, R, M

1175' FSL, 1500' FWL, Sec.25, T-32-N, R-7-W, NMPM

10. Field and Pool  
Basin Fruitland Coal  
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

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other - Recavitate	

13. Describe Proposed or Completed Operations

It is intended to recavitate the subject well in the following manner:

Pull existing 5 1/2" liner and 2 3/8" tubing. Surge with gas until formation stabilizes. Rerun the 5 1/2" liner and 2 3/8" tubing. Return the well to production.

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OCT 10 1995

OIL CON. 1  
DIST. 3

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

Signed [Signature] (JCG6) Title Regulatory Administrator Date 10/2/95

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

Date **APPROVED**

CONDITION OF APPROVAL, if any:

OCT 05 1995

DISTRICT MANAGER

NMOCD

031001941

381 20 100

FORAMINIFERA