

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.)

| | | |
|---|--|---|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM-2995 |
| 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 1164'S, 790'W | | 8. FARM OR LEASE NAME Burnt Mesa |
| 14. PERMIT NO. | | 9. WELL NO. 100 |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6731'GL | | 10. FIELD AND POOL, OR WILDCAT Undes. Fruitland Coal |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-32-N, R-07-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:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> Spud Well | |

(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.)*

07-08-88 Spudded well at 4:00 pm 07-08-88. Drilled to 221'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 221'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (173 cu.ft.). Circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

RECEIVED
BLM MAIL ROOM
88 JUL 12 AM 7:59
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
JUL 13 1988
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 07-09-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMOCC

*See Instructions on Reverse Side