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UNITED STATES	
EPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	garia sel
BUREAU OF LAND MANAGEMENT	

BUREAU OF LANI	MANAGEMENT		
Sundry Notices and Reports on Wells			
		5.	Lease Number
1. Type of Well GAS	GTO FARMANDA ON, P	6.	If Indian, All. or Tribe Name
3.12		7.	Unit Agreement Name
2. Name of Operator			
SOUTHLAND ROYALTY COMPANY		8.	Well Name & Number Reese Mesa #104
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 8749	9 (505) 326-9700	9.	<b>API Well No.</b> 30-045-26976
4. Location of Well, Footage, Sec., T	, R, M	10.	Field and Pool Basin Fruitland Coal
840'FNL, 1455'FEL, Sec.12, T-32-N,	R-8-W, NMPM	11.	County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO INDICATE	NATURE OF NOTICE, REPOR	r, other	DATA
Type of Submission	Type of Action		
	Abandonment Chan Recompletion New	ge of Pi Construc	tion
Subsequent Report	Plugging Back Non-	Routine	Fracturing ff
	Casing Repair wate	r shut o ersion t	o Injection
$\overline{\underline{\hspace{1cm}}}$ Final Abandonment $\overline{\underline{\hspace{1cm}}}$ $\underline{\underline{\hspace{1cm}}}$ $\underline{\underline{\hspace{1cm}}}$ $\underline{\underline{\hspace{1cm}}}$	Recompletion New Plugging Back Non- Casing Repair Wate Altering Casing Conv		
13. Describe Proposed or Completed			
Southlard Royalty Company required Notice for the subject month shut—in for the second resulting in this well being evaluated for the production and increase 2 3/8" tubing. Clean or and rerun the 2 3/8"tub	ests an extension to May well. The original approsubject well due to high being non-economical to possibility of the folle the gas production: pumult wellbore until formationing.	water vo produce. owing wo p instal on stabi	lumes and low gas volume. This well is currently rk to decrease the water lation and/or pulling lizes. Run a 4 1/2" line
This can be a second of the se	is approval expires M	V L IV	
14. I hereby certify that the fore	egoing is true and corrects	<b>t.</b> airs D	ate 5/16/95
(This space for Federal or State Of APPROVED BY	fice use) Title	Date	
CONDITION OF APPROVAL, if any:		A F	PROVED