

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. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>X OTHER</b>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> NM-0558144	
2. <b>NAME OF OPERATOR</b> Southland Royalty		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> Post Office Box 4289, Farmington, NM 87499		7. <b>UNIT AGREEMENT NAME</b>	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1000'S, 1160'W		8. <b>FARM OR LEASE NAME</b> Trail Canyon	
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 102	
15. <b>ELEVATIONS</b> (Show whether DP, RT, GR, etc.) 6679'GL		10. <b>FIELD AND POOL, OR WILDCAT</b> Undes. Fruitland Coal	
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 21, T-32-N, R-08-W N.M.P.M.	
		12. <b>COUNTY OR PARISH</b> San Juan	13. <b>STATE</b> 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.)\*

08-04-88 Spudded well at 12:00 midnight 08-03-88. Drilled to 231'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 231'. Cemented with 175 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (206 cu.ft.). Circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

RECEIVED  
OIL COM.  
1988

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 08-09-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC