

NEW MEXICO OIL CONSERVATION COMMISSION

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OPERATOR	2

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Southland Royalty Company		8. Farm or Lease Name Moore
3. Address of Operator P. O. Drawer 570, Farmington, New Mexico		9. Well No. #1-A
4. Location of Well UNIT LETTER <u>P</u> , <u>930</u> FEET FROM THE <u>South</u> LINE AND <u>1160</u> FEET FROM THE <u>East</u> LINE, SECTION <u>35</u> TOWNSHIP <u>32N</u> RANGE <u>12W</u> NMPM.		10. Field and Pool, or Wildcat Blanco Mesa Verde
15. Elevation (Show whether DF, RT, GR, etc.) 6334' GR		12. County San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Spud & Casing Report ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2-11-78 Spudded 12-1/4" surface hole @ 2:30 AM to a TD 225'. Ran 5 joints of 9-5/8", 36#, K-55, 8rd casing. Set at 222'. Cemented with 110 sacks Class B, 1/4# gel flake per sack and 3% CaCl. Plug dwn @ 8:15 AM 2-11-78. Cemented 20 sacks down the backside of 9-5/8". Cement circ. to surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

TITLE District Production Manager

DATE February 13, 1978

Original Signed by A. R. Kendrick

SUPERVISOR DIST. #2

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

