Form 9-331 (May 1963)

FRACTURE TREAT

SUBMIT IN TRIPLICATE* UNITED STATES

FRACTURE TREATMENT

Form approved. Budget Bureau

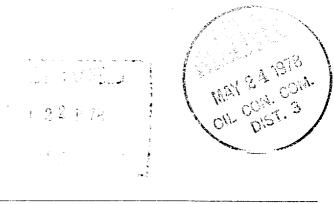
ALTERING CASING

	DEPARTM	MENT OF THE INTERIC	R verse side)	5. LEASE DESIGNATION AND SERIAL NO.				
	G		SF-078312					
	SUNDRY NOTI	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME					
1.	***************************************			7. UNIT AGREEMENT NAME				
	WE'L GAS X OTHER							
2.	NAME OF OPERATOR			8. FARM OR LEASE NAME				
	Southland Royalty Compa	any		Hubbard				
	ADDRESS OF OPERATOR			9. WELL NO.				
	P. O. Drawer 570, Farm	ington, New Mexico		#1-A				
1.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT				
	At surface	Blanco Mesa Verde						
	1720' FS	L & 850' FEL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA				
				Section 22,				
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE			
			San Juan	New Mexico				
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data							
	NOTICE OF INTEN	TION TO:	SUBSEQUENT REPORT OF:					
	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	vell.			

ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* SHOOT OR ACIDIZE (Other) Production tubing report REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)*

MULTIPLE COMPLETE

Ran 163 joints of 2-3/8", 4.7#, CSR-55 tubing. Total 5153', landed 5-17-78 at 5165'. Rigged Down



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18.	I hereby certify that the foregoing is true and correct SIGNED	TITLE	District	Production	Manager	DATE.	May	19,	1978	
	(This space for Federal or State office use)									
	APPROVED BY	TITLE				DATE .				