Form 9-331 (May 1963)	UNITED STATES SUBMIT IN TRIPLICATE* MENT OF THE INTERIOR (Other instructions on re-		Form approved, Budget Bureau No. 42-R1424	
DEPARTMENT OF THE INTERIOR (Other instructions on re-			5. LEASE DESIGNATION AND SERIAL NO.	
			SF-078146 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	OTICES AND REPORTS Coposals to drill or to deepen or plug by LICATION FOR PERMIT—" for such pr			OR THIS NAME
OIL GAS WE'LL X OTHER			7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Southland Royalty Company			8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR			Moore	
P. O. Drawer 570, Farmington, NM 87401			#2	
4. 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 Pictured Cliffs	
1690'	FNL & 1570' FEL		11. SEC., T., R., M., OR B. SURVEY OR AREA	LK. AND
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		Section 35, T32N, R12W	
11. 120.011 10.	6473' GR	RT, GR, etc.)	12. COUNTY OR PARISH	
16. CL_1.				New Mexic
Notice of in	Appropriate Box To Indicate No			
r—	[SUBSEQU	ENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING W	
SHOOT OR ACIDIZE	ABANDON ⁴	SHOOTING OR ACIDIZING	ALTERING CAS	
REPAIR WELL	CHANGE FLANS	(Other)	Casing Report	
(Other)		Completion or Recomble	of multiple completion of tion Report and Log form	~ \
nent to this work.) *	OPERATIONS (Clearly state all pertinent ectionally drilled, give subsurface location of joints (3096.13') of	one and measured and true vertical	depths for all markers	of starting any and zones perti-
@ 3108'. 6% gel f	Cemented with 240 sac ollowed by 50 sacks of 2:15 AM, 3-16-79.	ks of Class "B", $50/$	50 Poz with	
			ON CON C	Control of the contro
18. I hereby certify that the foregoing SIGNED	is true and correct TITLE Disti	rict Production Manage	CEIVED AR 1 y 1979 AR 1 y 1979 ARMINETEN 3N 16-7	9
	maco use;	`	•	
APPROVED BYCONDITIONS OF APPROVAL, IF	ANY:		DATE	

*See Instructions on Reverse Side