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Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATE*	Form sppre	oved.
DEP	ARTMENT OF THE INTERIOR	OR (Other instructions on reverse side)	5. LEASE DESIGNATIO	oved. reau No. 42-R1424.
	GEOLOGICAL SURVEY		_SF-078146	W MID BURIEU NO.
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
(Do not use this form for Use "A	r proposals to drill or to deepen or plug ba PPLICATION FOR PERMIT—" for such pro-	ck to a different reservoir.		
WE'LL GAS WELL X OT	THER		7. UNIT AGREEMENT I	NAME
Southland Pove	alty Company		8. FARM OR LEASE NA	AME
Southland Royalty Company 3. ADDRESS OF OPERATOR			Hillstrom	
P. O. Drawer 570, Farmington, NM 87401			9. WELL NO.	
LOCATION OF WELL (Report location clearly and in account			#2	
See also space 17 below.) At surface		- coquirements.	10. FIELD AND POOL,	
			Blanco Pictured Cliffs 11. SEC., T., B., M., OR BLK. AND	
1010' F	FSL & 1180' FWL		SURVEY OR ARE	A AND
4. PERMIT NO.	15. ELEVATIONS (Show whether DF, F	RT. GR. etc.)	Section 35,	T32N, R12W
	6425' GR		12. COUNTY OR PARIS	H 13. STATE
6. Char			San Juan	New Mexico
Nomice of	ck Appropriate Box To Indicate Na	iture of Notice, Report, or O	ther Data	
F	INTENTION TO:	SUBSEQUE	NT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C	ASING
REPAIR WELL	ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING	ABANDONME	NT*
(Other)	- I Jan S	(NOTE: Report regults o	sing Report	X
7. DESCRIBE PROPOSED OR COMPLET	TED OPERATIONS (Clearly state all pertinent of directionally drilled, give subsurface location	completion of frecomplet	TOU REDOLL and I've to	rm \
follo	8 joints (3043.38') of 2 ted with 245 sacks of Class wed by 50 sacks of Class PM, 3-12-79.	99 "B" 50/50 Dog tota	-h (01	
			MADIA	, I
			MAR 1 4 197	
		,	OIL CON COI	м. /
			DIST. 3	
				i.
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I hereby certify that the forego	Inorda tene and			
SIGNED		ct Production Manage	r _{DATE} _ 3-12	- 79
(This space for Federal or State	e office use)			
APPROVED BY	m			
CONDITIONS OF APPROVAL,	IF ANY:		DATE	