UNITED STATES

	Budget Bureau No. 42-R14
5. LEASE	

DEPARTMENT OF THE INTERIOR	SF-078146
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference of the control of	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas ☑ other	Moore 9. WELL NO.
2. NAME OF OPERATOR	#5
Southland Royalty Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Undesignate d Fruitland
P.O. Drawer 570, Farmington, NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space)	
below.) AT SURFACE: 1890' FNL & 790' FEL	Section 35, T32N, R12W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	[1 6455' GL
FRACTURE TREAT SHOOT OR ACIDIZE	(NOTE Report results of multiple completion or zone on Form 9–330.)
REPAIR WELL	(NOTE: Beport results of multiple completion or zone
PULL OR ALTER CASING MULTIPLE COMPLETE	OGICAL N. change on Form 9-330.)
CHANGE ZONES	AG
ABANDON*	
(other) Spud & Surface Casing Report	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly including estimated date of starting any proposed work. If well measured and true vertical depths for all markers and zones pertical.)	is directionally drilled, give subsurface locations and
Spudded 12-1/4" surface hole at 10:30 a 215'. Set 5 joints (198') of 8-5/8", 2 with 177 cubic feet of Class "B" contai Plug down at 12:30 am on 4-6-83. Cemen	4#, casing at 209'. Cemented ning 1/4# flocele and 3% CaCL2.
-6-83 Cement fell 20" on backside. Recemente	d with 23 cubic feet Class "B".
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
	, DATE April 8, 1983
SIGNED Sherry Streley TITLE Secretary (This space for Federal or State	a office use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE TOLD FOR RECORD
	(the it the role eller

*See Instructions on Reverse Side