

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Southland Royalty</p> <hr/> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1890'FNL, 790'FEL Sec.35, T-32-N, R-12-W, NMPM</p>	<p>5. Lease Number SF-078146</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number Moore #5</p> <p>9. API Well No.</p> <p>10. Field and Pool Grades Frt Sand</p> <p>11. County and State San Juan Co, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

11-21-92 MOL&RU. SD for weekend.

11-23-92 Kill well. Pump 10 BW down tbg. Pump 15 BW down csg. ND WH. NU BOP. TOOH w/1 1/4" tbg. Set cmt ret @ 1108'. Est inj rate. Cmt plug #1 w/72 sx under retainer, dump 9 sx on top of ret. Perf 2 holes @ 259'. Est circ down csg & out bradenhead. Cmt plug #2 w/75 sx cmt until good cmt circ out bradenhead. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

RECEIVED  
BLM  
02 NOV 25 7:11:46  
SIO FALLS, MICH., N.M.

Approved as to plugging of the well by...  
Liability under bond is satisfied with  
surface restoration is completed.

14. I hereby certify that the foregoing is true and correct.

Signed [Signature] Title Regulatory Affairs Date 11/24/92

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**  
Date \_\_\_\_\_  
NOV 27 1992  
AREA MANAGER