

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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

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

13. Describe Proposed or Completed Operations

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

11-23-92 Kill well. Pump 10 BW down tbq. Pump 15 BW down csg. ND WH. NU BOP. TOOH w/1 1/4" tbq. 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 bradnhead. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

BLM CON. DIV.  
FEB 3

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

RECEIVED  
BLM  
02 NOV 25 11:46  
BLM CON. DIV. N.M.

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 \_\_\_\_\_

**APPROVED**  
Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

NOV 27 1992

AREA MANAGER

NMOCO