

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 23246
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 885'S, 824'E		8. FARM OR LEASE NAME Virgo
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether on, in, or near resource area) 6239'GL		10. FIELD AND POOL, OR WILDCAT Wildcat Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-32-N, R-13-W N.M.P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

09-22-86 MOL & RU. Clean out to 2724'.
09-23-86 Pressure test to 3000#, ok. Ran GR-CCL/CBL, perforated 2277', 2280', 2282', 2454', 2461', 2480', 2482', 2503', 2506', 2510', 2518', 2520', 2637', 2640', 2647' w/1 spz. Frac'd w/72,000# 20/40 sand and 64,804 gal. 70 qual. foam, flushed with 1,520 gal. fluid.
09-24-86 Cleaned out to PBTD. Ran 85 jts. 2 3/8", 4.7#, J-55 tbg, 2609' set @ 2612'. ND BOP, NU WH.

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

SIGNED [Signature]

TITLE Drilling Clerk

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

SEP 29 1986
DATE

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side