

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 0997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Federal "MA"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Corbin, Strawn (South) &
Corbin, Morrow (South)

SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 27, T-18-S, R-33-E
NMPM

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
1100 Wall Towers West, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3822' DF

RECEIVED
MAY 1 1978

U. S. GEOLOGICAL SURVEY
HOBBBS, NEW MEXICO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

(Morrow) ABANDONMENT*

(Other) (Strawn) Stimulate

(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.)*

4-6-78 RUPU, Install BOP, pull tbq, set CIBP on wire line @ 12,830'.
Dump cement plug in 5½" casing 12,795-12,830', (Morrow zone
abandoned). TD 13,510', PBTD 12,795'.

4-7-78 Attempt to acidize existing perf in Strawn 12,332-346', unable
to pump into perf.

4-8-78 Acidize perf 12,332-346' w/2000 gal 15% acid, 3 BPM @ 7000 psi:
Re-acidize w/3000 gal 15% acid @ 3½ BPM @ 7400 psi.

4-9-78 Swab

4-11-78 Run 2-3/8" & 2-7/8" combination tbq string to 11,043'.

4-13-78 Run rods, BH pump start well pumping. RDPU.

4-23-78 Pump 12 BOPD, 5 BWPD, 35 MCF/D.

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

SIGNED C. Harvey Case

TITLE District Engineer

DATE April 28, 1978

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

RECORDED FOR RECORD
O.A.L.
MAY 1 1978
U. S. GEOLOGICAL SURVEY
HOBBBS, NEW MEXICO

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Federal "MA"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Corbin Strawn (South) &
Corbin Morrow (South)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T-18-S, R-33-E, NMPM

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

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 GAS WELL OTHER Dual well - both intervals shut in.

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
1100 Wall Towers West, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FNL & 1980' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3822' DF

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<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) Frac Strawn & abandon Morrow

(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.)*

- Rig up pulling unit. Pull tubing.
- Run CIBP and set @ 13,000'. Cap w/35' of cement to abandon Morrow.
- Run tubing and packer and fracture Strawn interval with 25,600 gallons of frac fluid & 18,000# sand.
- Install pumping unit and place on pump.

Present Strawn perfs 12,332-12,346'.

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

SIGNED C. Harney Can TITLE District Engineer DATE 3-28-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

