Form 3160-5							
(August 2007) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					OMB NO. 1004-0135 Expires: July 31, 2010		
					5. Lease Serial No. NMNM55149		
					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.						ement, Name and/or No.	
1. Type of Well Gas Well Other					8. Well Name and No. CORBIN SOUTH FEDERAL 1		
2. Name of Operator Contact: DAVID STEWART SEP U & CONTACT: DA					9. API Well No. 30-025-41316		
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	o. (include area code) 85-5717 RECEIVED 5-5742		10. Field and Pool, or Exploratory CORBIN WOLFCAMP, SOUTH				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State		
Sec 9 T18S R33E NWNW 83 32.766893 N Lat, 103.674855			LEA COUNTY,	NM			
12. CHECK APP	ROPRIATE BOX(ES) TO) INDICATE	NATURE OF 1	NOTICE, RI	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					<u> </u>	
Notice of Intent	Acidize	🗖 Dee	pen	Product	ion (Start/Resume)	U Water Shut-Off	
Subsequent Report	Alter Casing		Fracture Treat		ation	UWell Integrity	
Final Abandonment Notice			New Construction Plug and Abandon		olete	🛛 Other	
	Convert to Injection			Temporarily Abandon Water Disposal			
APPROVED FOR 24 MONTH PERIOD ENDING 8-1-2017							
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #:	310436 verifie	d by the BLM We	Il Information	Svstem		
	P, sent to the Hobbs by LINDA JIMENEZ on 08/19/2015 ()						
Name(Printed/Typed) DAVID STEWART			Title SR. REGULATORY ADVISOR				
Signature (Electronic Submission)			Date 07/28/2	2015			
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE	·	
Approved By		Title LPET			8/27/15 Date		
Conditions of approval, if any, are attache certify that the applicant holds legal or equivine which would entitle the applicant to condu	Office CFB						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent					ake to any department or	agency of the United	
** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **							
		.	SEY 1	a 2015	-	fm	