

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

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re-

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-029489-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Corbin Federal

9. WELL NO.

48

10. FIELD AND POOL, OR WILDCAT

Corbin Yates

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

Sec. 9, T18S-R33E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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 ☐  
2. NAME OF OPERATOR  
Steve Sell  
3. ADDRESS OF OPERATOR  
P. O. Box 5061, Midland, Texas 79704  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' FSL  
1980' FEL  
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☒ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) ☐

(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.) \*

Workover - Propose to clean out Wellbore thru existing Yates perforations  
3535-60 & 3468-88'. Stimulate perforations w/acid & fracture  
treat w/gel/sand. Return to production.

Oct 14 11 46 AM '87  
OFFICE  
AREA

RECEIVED

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

SIGNED

TITLE Production Foreman

DATE

9-25-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11-2-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NOV 12 1997  
OCD  
HOBBS OFFICE