

U. S. DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Salt Water Disposal</p> <p>2. NAME OF OPERATOR Southland Royalty Company</p> <p>3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FS & EL, Sec. 18, T-18-S, R-33-E</p> <p>14. PERMIT NO. _____</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3840.4' GR</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-93</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME West Corbin</p> <p>9. WELL NO. 4</p> <p>10. FIELD AND POOL, OR WILDCAT W. Corbin (Delaware)</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-18-S, R-33-E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE N.M.</p>
--	--

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)*

Hole in tbg 2 jts above SN @ + 4900'. Pressured & tested tbg to 5000# w/Hydro. Set pkr @ 4983' & tested to 500#. Spot acid on perms & circ. Perfs @ 5032-5062'. Acdz dwn tbg. Flushed & circ pkr fluid.

12/15/87
 SJS
 RECEIVED
 DEC 15 11 53 AM '87

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

SIGNED Cathy Robes TITLE Operations Tech III DATE 12/15/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side