

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
NM-0997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Southland Royalty Company

8. FARM OR LEASE NAME
Federal "MA"

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
915-688-6906

9. WELL NO.
1

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

10. FIELD AND POOL, OR WILDCAT
Corbin Morrow, South & Corbin

X, 1980' FSL & 990' FWL
G 1980/E

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Strawn, S
27, T-18-S, R-33-E

14. PERMIT NO.
30-025-22008

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3822' DF

12. COUNTY OR PARISH
Lea

13. STATE
NM

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) Temporarily Abandoned CSG TEST			<input checked="" 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"/>

(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.)*

Clean out well to 12,200'+. RIH w/5 1/2" CIBP and set @ 12,200'+. Dump bail of 35' of cement on top. TIH w/2-7/8" tubing to PBD OF 12,165'+. Circ well w/2% KCL w/5 gallons of KW170 Tretolite per 1000 G of fluid. Contact the BLM to witness casing integrity test. Pressure up to 500 psi to test casing. POOH w/tubing.

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

SIGNED

Mary L. Rose

TITLE

Production Asst.

DATE

12-12-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12/20/91

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**