			- '			
Form 9-331 (May 1963)		ies Interio	SUBMIT IN TRIPLICATI	Form a Budget 5. LEASE DESIGN	pproved. Bureau No. 42-R1424. ATION AND SERIAL NO.	
	GEOLOGICAL S	URVED. FO	(100)	NM	-93	
CUN	IDRY NOTICES AND RE	HORAC	EWEITCO	6. IF INDIAN, AL	LOTTEE OR TRIBE NAME	
JUN (Do not use this	form for proposals to drill or to dee Use "APPLICATION FOR PERMIT-	pen or plug back " for such prop	to a different reservoir.			
1. OIL GAS WELL XX WELL	OTHER			7. UNIT AGREEME	NT NAME	
2. NAME OF OPERATOR					8. FARM OR LEASE NAME	
Southland Royalty Company 3. Address of OPERATOR					West Corbin 9. WELL NO.	
21 Desta Dr	<u>ive, Midland, Texas 7</u>	9701		2		
 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, Delaware, West	
2080' FNL & 860' FEL, Sec. 18, T-18-S, R-33-E					L, OR BLE. AND LAREA	
					-18-S, R-33-E	
14. PERMIT NO. 15. ELEVATIONS (Show whether		ow whether DF, RT	, GR, etc.)	12. COUNTY OB 1	PARISH 13. STATE	
		<u>' DF</u>		l Lea	<u> </u>	
16.	Check Appropriate Box To	Indicate Nat	ure of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO: SUBSEC				EQUENT REPORT OF:	UENT REPORT OF:	
TEST WATER SHUT-	OFF PULL OR ALTER CASIN	G D	WATER SHUT-OFF	BEPAI	RING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTER	LING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANI	DONMENT*	
REPAIR WELL	CHANGE PLANS		(Other)	lts of multiple comp	etion on Well	
(Other) Obtain	<u>n pressure buildup dat</u>	a X I	Completion or Recor	npletion Report and I	Log form.)	
17. DESCRIBE PROPOSED (proposed work. I nent to this work.)	R COMPLETED OPERATIONS (Clearly sta f well is directionally drilled, give s	te all pertinent d ubsurface lo cat ion	letails, and give pertinent dat is and measured and true ver	es, including estimat tical depths for all m	arkers and zones perti-	
2. RIH w/T 3. POH w/b data is	POH & LD rods. RDPU. andem btm hole press b ombs. Have charts rea needed. If needed, r Pu & RIH w/1 1/2" pm	d as soon un press b	as possible to det	termine if mo	ore pressure S.	
					j	
			LA	a a (00)	,	
		•	A	PR 2 9 1983		
				CIL & Const		
				OTT I NEW WY	n0	
•	t the foregoing is true and correct	TITLE Dis	strict Operations	Engineer	4/26/83	
SIGNED				DATE		
(This space for Fee	ieral of state the two west	1				

*See Instructions on Reverse Side

TITLE

DATE _

APPROVED BY S. Sgd.) 12TER W. CHESTER CONDITIONS OF APPROVAL, IF ANY:

MAY

4 1983