

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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OCT 7 4 41 PM '94

BUREAU OF LAND MGMT.  
DOBBS, NM.

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

Case Designation and Serial No.  
NM 0997

If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. *com*  
Federal 21 # 1

9. API Well No.  
30-025-2683000

10. Field and Pool, or Exploratory Area  
South Corbin

11. County or Parish, State  
Lea County, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different well.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Southland Royalty Company

3. Address and Telephone No.

P.O. Box 51810 Midland, Texas 79710-1810

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NW/SW of Sec. 21, T18S, R33E

1980' FSL + 660' FWL

Unit L

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Status  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

This well is still being evaluated for recompletion to the Bone Springs/Delaware.

Any activity on this well will not start until after the first of the year.

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OCT 12 11 04 AM '94  
CARL AREA

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

Signed

*[Signature]*

Title Regulatory Assistant

Date 10/6/94

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date