

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069420

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Corbin Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 7, T-18-S, R-33-E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

21 Desta Drive, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

see also space 17 below.)

At surface

990' FNL & 1980' FWL, Sec. 7, T-18-S, R-33-E

14. PERMIT NO.

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

3935.4' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set 5 1/2" csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
☐  
☒

(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.)\*

Set 5 1/2" csg @ 11,275'. Cmt'd w/640 sx 50-50 Poz. Tailed in w/300 sx C1 "H".  
PD @ 8:45 AM 11-30-84 (MST). TOC by WL @ 6950'. Rlsd rig @ 1:00 PM. WOC  
20 days.

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

SIGNED

*Samuel E. Hobbs*

TITLE

Operations Engineer

DATE

12-21-84

(This space for Federal or State office use)

APPROVED BY

*Steve*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*Carliad*

\*See Instructions on Reverse Side

RECEIVED

DEC 31 1984

O.C.B.  
HOBBS OFFICE