

UNITED STATES
DEPARTMENT OF THE INTERIOR
NEW MEXICO 88240
GEOLOGICAL SURVEYSUBMIT 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.

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 ☐

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

21 Desta Drive, Midland, Tx 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.)

3440.4' 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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Set 13 3/8" Surface Csg. ☒(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 perti-
nent to this work.)*Spudded 17 1/2" hole @ 9:00 AM 10-15-84. Drld to 400'. Set 13 3/8" csg @ 400' w/400
sx C1 "C". PD @ 6:00 PM. Circ 125 sxs. WOC 18 hrs.

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

SIGNED

TITLE

Operations Engineer

DATE

10-17-84

(This space for Federal or State Guide use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

OCT 22 1984

*See Instructions on Reverse Side

NEW MEXICO