

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

HOBBS, NEW MEXICO 88240

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Southland Royalty Company	8. FARM OR LEASE NAME West Corbin Federal
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2080' FNL & 560' FWL, Sec. 17, T-18-S, R-33-E	10. FIELD AND POOL OR WILDCAT S. Corbin (Wolfcamp)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-18-S, R-33-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3872.2' GR	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set 5 1/2" 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 pertinent to this work.)*

Set 5 1/2" 17# csg @ 11,427'. Cmt'd w/800 sxs 50-50 Poz "H" & 200 sxs C1 "H".
PD @ 6:30 PM. 8-3-85. Rlsd rig @ 10:30 PM 8-3-85. TOC @ 7075'.

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

SIGNED <u>Danell C. Roberts</u>	TITLE <u>Operations Engineer</u>	DATE <u>8/14/85</u>
(This space for Federal or State office use)		
APPROVED BY <u>ACCEPTED FOR RECORD</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: <u>SW</u> AUG 16 1985		

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED

AUG 20 1960

O.C.D.
HOBBS OFFICE