

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-B1424.

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"/> <b>H. N. CO. CONS. COMMISSION</b>   | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>LC069420</b>                         |
| 2. NAME OF OPERATOR<br><b>Southland Royalty Company</b>  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 3. ADDRESS OF OPERATOR<br><b>21 Desta Drive, Midland, Texas 79705</b>  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>2080' FNL &amp; 560' FWL, Sec. 17, T-18-S, R-33-E</b> | 8. FARM OR LEASE NAME<br><b>West Corbin Federal</b>                            |
|  | 9. WELL NO.<br><b>5</b>  |
|  | 10. FIELD AND POOL, OR WILDCAT<br><b>UNDESIGNED</b>                            |
|  | 11. SEC., T., R., OR S.E. AND SURVEY OR AREA<br><b>Sec. 17, T-18-S, R-33-E</b> |
| 14. PERMIT NO.   | 12. COUNTY OR PARISH<br><b>Lea</b>   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>3872.2' GR</b>  | 13. STATE<br><b>N.M.</b>   |

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 type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <b>Set 13 3/8" Csg.</b> <input checked="" type="checkbox"/> |  |

(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.)\*

Spudded well @ 3:00 PM 6-29-85. Drld 17 1/2" hole to 354'. CCM to run surf csg. PD @ 2:30 AM 6-30-85. Cmt circ 120 sxs. WOC 15 hrs. Tested BOP & stack to 1000#. Held OK.

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

SIGNED *[Signature]* TITLE Operations Engineer DATE 7/3/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUL 8 1985

\*See Instructions on Reverse Side