

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1990

SUBMIT IN TRIPLICATE

Budget Bureau No. 1004-
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM-0997

IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON NEW 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 Federal "MA"
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FWL, Sec. 27, T-18-S, R-33-E	10. FIELD AND POOL OR WILDCAT S. Corbin (Strawn)
14. PERMIT NO.	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-18-S, R-33-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3819' 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set 13 3/8" csg <input checked="" type="checkbox"/>	
(Other) <input 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 5/27/88. Set 13 3/8" 48# & 54.50# csg @ 355'. Cmt'd w/370 sx C1 "C". PD @ 11:30 PM 5/27/88. Cmt circ 70 sx. WOC 18 hrs. Tested csg to 500#. Held OK.

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

SIGNED Cathy Woks TITLE Operations Tech III DATE 5/31/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 3 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO