

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN REVERSE SIDE  
(Other instructions on reverse side)

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0997
2. NAME OF OPERATOR Southland Royalty Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 21 Desta Drive Midland, Texas 79705	7. UNIT AGREEMENT NAME
8. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	8. FARM OR LEASE NAME West Corbin Federal
9. PERMIT NO.	9. WELL NO. 11
10. ELEVATIONS (Show whether DP, RT, GR, etc.) 3885.7 GR	10. FIELD AND POOL, OR WILDCAT S. Corbin (Wolfcamp)
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 8, T-18-S, R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

14. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Set 13-3/8" and 8-5/8" csg.	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

15. 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 13-3/8", 48#, H-40, 8 rd. STC csg. @ 348'. Cmt. w/300 sx. Cl. "C" w/2% CaCl. and 1/4# Flocele/sx. PD @ 9:35 P.M. 12/22-88. Cmt. circ. 76 sx. 18 hrs. WOC. Tested csg. to 1000#. Held OK.

Set 8-5/8", 28#, K-55, STC 8 rd. csg. @ 2895'. Cmt. w/ 1175 sx. Silica-Lite w/ 1/4# flocele/sx. Followed by 200 sx. Cl. "C" w/2% CaCl. PD @ 9:15 P.M. 12/25/88. Cmt. Circ. 240 sx. 18 hrs. WOC. Tested csg. to 1000#. Held OK.

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

SIGNED

TITLE

Operations Tech III

DATE

12-28-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

12-29-88

SJS

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO