

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 430
TOMB, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-93

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Corbin Federal

9. WELL NO.
12

10. FIELD AND POOL, OR WILDCAT

South Corbin (Wolfcamp)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T-18-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL & 1980' FEL, Sec. 18, T-18-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3860' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Cmt. 5 1/2" Csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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 Csg @ 11,450' D.V. tool @ 7966'

Cmt 1st Stage w/ 775 sx Cl. "H" w/ 18% salt, 0.8% CFR-14, 0.2% AFS. Open D.V. Tool.
Circ. 6 hrs. Circ 96 sx off D.V. Tool.

Cmt 2nd Stage w/ 580 sx Super "H" w/0.1% Diacel LWL T.E. W/400 sx Cl. "H" w/ 18%
Salt, 0.8% CF 14, 0.2% AFS. P.D. @ 4:45 p.m. 5/15/89.

RECEIVED

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

SIGNED

Robert C. Bradshaw

TITLE Sr. Staff Env./Reg. Spec.

DATE 5/22/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 26 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO