

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.  
NM 0997

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**SUBMIT IN TRIPLICATE**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
Southland Royalty

3. Address and Telephone No.  
P.O. Box 51810, Midland, TX 79710-1810 915-688-6800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 1980' FEL Unit G  
Sec. 17, T18S, R33E

8. Well Name and No.  
West Corbin Fed. #14

9. API Well No.  
30-025-30576 ✓

10. Field and Pool, or Exploratory Area  
South Corbin(Wolfcamp)

11. County or Parish, State  
Lea

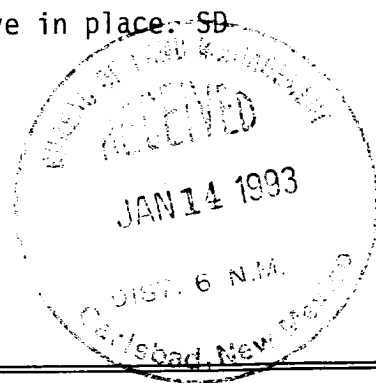
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION   |
|---|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                                       |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                                      |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back                                     |
|   | <input type="checkbox"/> Casing Repair                                     |
|   | <input type="checkbox"/> Altering Casing                                   |
|   | <input checked="" type="checkbox"/> Other <u>reacidize to remove scale</u> |
|   | <input type="checkbox"/> Change of Plans                                   |
|   | <input type="checkbox"/> New Construction                                  |
|   | <input type="checkbox"/> Non-Routine Fracturing                            |
|   | <input type="checkbox"/> Water Shut-Off                                    |
|   | <input type="checkbox"/> Conversion to Injection                           |
|   | <input type="checkbox"/> Dispose Water                                     |

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

13. 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.)\*

- 1-5-93 MIRU. POH w/pmp & rods. RU swb line & tbg. - 5400'. SD
- 1-7-93 Unset tbg. anchor. POH w/tbg. RIH w/bit & scraper/10935'. POH w/tbg./± 10700'. SDFN
- 1-8-93 TIH w/bit / 10880'. Spot 1000 gals AE aromatic w/dispersant & NE. Flsh w/25 bbls 2% KCL. RU swab. - 2 runs. SD
- 1-9-83 TIH. RU swb. TOH w/tbg. TIH w/ pci & sn-spot control valve in place. SD
- 1-10-93 Finish TIH. Acidize Wolfcamp perf. TOH. TIN. SD
- 1-11-93 TIN w/ prod. tbg. TIH. Spool out. Ld tbg. & test. RD.



14. I hereby certify that the foregoing is true and correct  
Signed: [Signature] Title: Production Assistant Date: 1-13-93

(This space for Federal or State office use)  
Approved by: [Signature] Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Conditions of approval, if any: