

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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 Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705	3a. AREA CODE & PHONE NO. 915/686-5600	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL <i>unit 4</i>		8. FARM OR LEASE NAME West Corbin Federal
10. FIELD AND POOL, OR WILDCAT South Corbin (Wolfcamp)		9. WELL NO. 14
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T18S, R33E		12. COUNTY OR PARISH Lea
13. STATE NM		14. PERMIT NO. Approved 3/03/89
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3880'		

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Set & Cmt Csg	<input checked="" type="checkbox"/>		<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.)*

Spud well @ 6:00 p.m. on 12/05/89.

Set 13 3/8" Csg @ 370'. Cmt w/ 370 sx Class C + 2% calcium chloride. P.D. @ 5:15 a.m. on 12/06/89. Circ. cmt.

Set 8 5/8" Csg @ 2887'. Lead: Cmt w/1050 sx Pacesetter Lite + 1# FC per sx. Tail: Cmt w/250 sx Class C. Circ. 130 sx.

Set 5 1/2" Csg @ 11,500'. 1st Stage: Cmt w/ 675 sx Super J + 6% salt, 0.3 % CFR-2, & 0.8% LWL. 2nd Stage: Cmt w/1400 sx Super H + 5% salt & 0.3% CFR-2.

Circ. 100 sx off DV Tool. 1st Stage P.D. @ 7:00 p.m. on 12/28/89. 2nd Stage P.D. @ 2:30 a.m. on 12/29/89. DV Tool @ 8013'

ACCEPTED FOR FILING
Ad

CARLEBARD, NEW MEXICO

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

SIGNED

Robert L. Bradshaw

TITLE

Sr. Staff Env./Reg. Specialist

DATE

01/15/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

RECEIVED

JAN 18 1990

OCD
HOBBS OFFICE