

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructions on reverse side)

30-025-30658
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-93 | |
| 2. NAME OF OPERATOR Southland Royalty Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705 | | 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' FEL & 810' FNL, Sec. 18, T18S, R33E | | 8. FARM OR LEASE NAME West Corbin Federal | |
| 14. PERMIT NO. Approved 8/25/89 | | 9. WELL NO. 15 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3863' G.R. | | 10. FIELD AND POOL, OR WILDCAT West Corbin (Delaware) | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T18S, R33E | |
| | | 12. COUNTY OR PARISH Lea | |
| | | 13. STATE NM | |

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"/> | |

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) <input type="checkbox"/> | Cmt. 5 1/2" Csg. <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.)*

Set 5 1/2" Csg. @ 5472'.

Cmt w/ 10 BFW + 200# CaCl₂, 1000 gal. Flow Guard L + 1125 sxs Class "C" + 2% A-2 + 1/4 pps Celloflake followed by 525 sxs Class "C" + 1.6% A-9 + 0.6% FL-20. P.D. @ 1:30 p.m. 9/25/89.

Circ. 380 sxs.

RECEIVED
SEP 27 11 18 AM '89
CARBON MONITORING
AREA

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

SIGNED Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Specialist DATE 9/26/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side