

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

M. OIL CONS. COMMISSION
UNIT 1 BOX 1980
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240
CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC069420

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 injection

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
915-688-6800

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Corbin Federal

9. WELL NO.
16

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

Sec. 7, T18S, R33E
990' FSL & 1980' FEL
300

10. FIELD AND POOL, OR WILDCAT
SOUTH CORBIN(Bone Spring)

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

Sec.7, T18S, R33E

14. PERMIT NO.
300025-30053

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

12. COUNTY OR PARISH
Lea

13. STATE
NM

16. 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) REPAIR PKER OR TBING LEAK

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

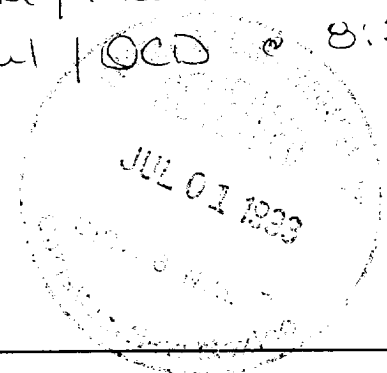
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

REQUEST VERBAL TO BEGIN WORK ON 6/30/93 TO CORRECT EITHER A TBING OR PACKER LEAK.
WILL CALL BLM WHEN READY TO TEST PACKER TO WITNESS THE TEST.

6/30/93

verbal approval obtained from Adam / BLM @ 8:37am
verbal approval obtained from Paul / OGD @ 8:31am

Subject to
Like Approval
by State



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

SIGNED

[Signature]

TITLE

Production Assistant

DATE

6/30/93

(This space for Federal or State office use)

APPROVED BY

(ORIG. SGD.) JOE G. LARA

TITLE

Petroleum Engineer

DATE

JUL 7 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side