

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.
NM-0997

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

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

21 Desta Dr., Midland, TX 79705

3a. AREA CODE & PHONE NO.

915/686-5600

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

At surface

2007' FNL & 2124' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "21"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

South Corbin (Wolfcamp)

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

Sec. 21, T18S, R33E

14. PERMIT NO.

Approved 9/29/89

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

3834'

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set & Cmt Csg.

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

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 on 12/31/89.

Set 13 3/8" csg @351'. Cmt w/370 sx Class C + 2% calcium chloride + 1/4# FC per sx. circ'd.

Set 8 5/8" csg @ 2903'. Lead: Cmt w/1050 sx Pacesetter Lite Premium w/6% Gel, 15% salt, & 1# Hi-Seal per sx. Tail: Cmt w/200 sx Class C + 2% calcium chloride, circ'd 1256 x, (SS)

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