

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-93

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Southland Royalty Company

8. FARM OR LEASE NAME

West Corbin Federal

3. ADDRESS OF OPERATOR

21 Desta Dr., Midland, TX 79705

3a. AREA CODE & PHONE NO.

915/686-5600

9. WELL NO.

18

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FNL & 1980' FWL

10. FIELD AND POOL, OR WILDCAT

South Corbin (Wolfcamp)

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

Sec. 18, T18S, R33E

14. PERMIT NO.

Approved 11/02/89

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

3851' GR

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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*

X

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 @ 11,532'.

1st Stage: Cmt w/500 sx Super H + 6% salt, 0.4% LWL, & 0.3% CF-2. P.D. @ 7:00 a.m. on 12/04/89. No cmt off stage collar.

2nd Stage: Cmt w/1100 sx Super H + 5% salt & 0.3% CF-2. P.D. @ 2:30 p.m. on 12/04/89.

DV Tool @ 8105. TOC @ ~ 2500', 333

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

SIGNED

Robert R. 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