

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-61605

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "21"

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
West Corbin (Delaware)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 21, T18S, R33E

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
1943' FWL & 779' FNL

14. PERMIT NO.
Approved 11/22/89

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3846'

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*

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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 @ 5:30 p.m. on 12/01/89.

Set 8 5/8" csg @ 362'. Cmt w/250 sx Class C w/2% calcium chloride + 1/4# Celloflake per sx. P.D. @ 12:30 a.m. on 12/02/89. Circ. 29 sx.

ACCEPTED FOR RECORD

Adm

JAN 11 1990

CARLSBAD, 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