| Form 3160-5 U | CONTACT RECEIVING OFFICEFOR NUMBER OF COPIES REQUIRED | BLM Roswell District Modified Form No. NM060-3160-4 5. LEASE DESIGNATION AND SERIAL NO. LC-064944 | | |
|--|---|---|---|----------------------|
| (July 1989) (Formerly 9-331) DEPARTME BUREAU O | (Other instructions on reverse side) | | | |
| (Do not use this form for proposals t | ES AND REPORTS OF to drill or to deepen or plug back to FOR PERMIT-" for such proposals.) | | 6. IF INDIAN, ALLOTTE | E OR TRIBE NAME |
| | | | 7. UNIT AGREEMENT N | AME |
| 2 NAME OF OPERATOR | 8. FARM OR LEASE NAME | | | |
| Southland Royalty Company | | | Federal "MA" | |
| 3. ADURESS OF OPERATOR | 3a. AREA CODE & PHONE NO. | 9. WELL NO. | | |
| 21 Desta Dr., Midland, TX | 915/686-5600 | 6 | | |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 503' FNL & 1661' FEL | | | 10. FIELD AND POOL, OR WILDCAT West Corbin (Delaware) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | |
| | | | | |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, | | , RT, GR, etc.) | 12. COUNTY OR PARISH | - |
| Approved 12/13/89 | 3854' | | Lea | NM |
| 16. Check App | propriate Box To Indicate | Nature of Notice, Repo | rt, or Other Data | I |
| NOTICE OF INTENTION TO: SUBSEC | | | JENT REPORT OF: | |
| TEST WATER SHUT-OFF | ULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING | WELL |
| | | FRACTURE TREATMENT | ALTERING (| |
| SHUOT OR ACIDIZE AI | BANDON* | SHOOTING OR ACIDIZING | ABANDONM | |
| REPAIR WELL CHANGE PLANS (Other) Set & Cmt Csg (NOTE: Report results | | | of multiple completion of | an Well |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPEN | | Completion or Recom | pletion Report and Log f | iorm.) |
| Set 8 5/8" csg @370'. Cmt w cmt. Set 5 1/2" csg @5500'. Cmt v Class C Neat. P.D. @ 5:15 p.n throughout job w/mud sweep | w/735 sx Class C Lite + * n. on 12/26/89. Floats h | 12% salt & 1/4# Celloflake held. Did not circ. cmt to | per sx followed | w/300 sx |
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| 18. I hereby certify that the foregoing is the signed Followith Bray | | Staff Env./Reg. Speciali | St | 01/15/90 |
| (This space for Federal or State office | use) | | | |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE | | DATE | |
| | *See Instruction | ns on Reverse Side | | |