Form 3160-5 (June 1990)

12.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Lease Designation and Serial No. NM93

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES	AND	REPORTS	ON	WELLS
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Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well 8. Well Name and No. WEST CORBIN X Oil Well FEDERAL # 21 2. Name of Operator 9. API Well No. SOUTHLAND ROYALTY COMPANY 30-025-30796 3. Address and Telephone No. 10. Field and Pool, or Exploratory Area 915-688-6943 P.O. Box 51810 Midland, TX SOUTH CORBIN WOLFCAMP 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) E, 1980 FNL & 510' FWL 11. County or Parish, State LEA COUNTY, NM 18, T18S, R33E

X Notice of Intent	Abandonment	Change of Plans			
More of Mich	Recompletion	New Construction			
Subsequent Report	Plugging Back	Non-Routine Fracturing			
Subsequent Report	Casing Repair	Water Shut-Off			
Final Abandonment Notice	Altering Casing	Conversion to Injection			
	X Other PARAFFIN CLEANUP	Dispose Water (Note: Report results of multiple completion on Well			
	Α	Completion or Recompletion Report and Log form.)			
Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled					

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF ACTION

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. It well is directionally druled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. RU STIMULATION COMPANY. CONNECT PMP TRUCKS TO TBG/CSG ANNULUS. PMP 2 DRUMS PAO100 DOWN BACKSIDE

FOLLOWED BY 2500 GLS AE AROMATIC (WELL SHOULD TAKE ON VACUUM). SI WELL OVERNIGHT.

2. PLACE WELL BACK ON PRODUCTION.

TYPE OF SUBMISSION

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4. I hereby gertify that the foregoing is true and correct DONNA WILLIAMS	Title PRODUCTION ASSISTANT	Date 10/28/93
(This space for Federal or State office use)	Title	Date
Conditions of approval, if any:		