

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No.  
NM060-3160-4

**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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-93</b>	
2. NAME OF OPERATOR <b>Southland Royalty Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 51810, Midland, TX 79710-1810</b>		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. <b>915-686-5767</b>		8. FARM OR LEASE NAME <b>West Corbin Federal</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>E, 1980' FNL &amp; 510' FWL</b>		9. WELL NO. <b>21</b>	
		10. FIELD AND POOL, OR WILDCAT <b>South Corbin (Wolfcamp)</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>18, T-18-S, R-33-E</b>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3843' GR</b>	12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>N.M.</b>

**Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <b>Squeeze Water Flow</b>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)\*

API No. 30-025-30796

Set CIBP @10,740'. Shoot sqz holes @10,710'-10,711', 4spf, 8 holes. Establish injectivity with 2% KCL wtr. Set EZSV dill ret @10,670'. Pressure annulus to 500psi. Spot 30 sxs of Matrix cmt w/4 lb/sx of Microbond M near retainer. Sting into ret & sqz in cmt, displace 86' cmt above ret.

Shoot 4 sqz holes at 10,578'-10,579', 4 spf, 8 holes. Establish injectivity w/2% KCL wtr. Set EZSV drill cmt ret at 10,510'. Pressure annulus to 500 psi. Sting into ret and sqz w/ 30 sxs Matrix cmt w/4 lb/sx Microbond M, 30 sxs of Premium cmt Class H w/0.5% Halad 22A & 4 lb/sx Microbond M. Displace 86' cmt above ret. Drill out top of ret & cmt. Pressure test csg to 1000 psi. Drill out bottom ret & cmt. Pressure test to 1000 psi. Drill out CIBP & clean out to TD at 11,120'. Set RBP at 10,900'. Pressure test tbg/pkr to 6200 psi. Release pkr and set at 10,720'. Pump 4800 gal of 15% NEFE HCl acid, space out 200 RCNBS. Return well to production

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

SIGNED

*Warren L. King*

TITLE

Production Asst.

DATE

7-25-91

(This space for Federal or State office use)

APPROVED BY

*David A. Hall*

TITLE

DATE

8-5-91

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side