

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MERIDIAN OIL INC. Southland Refining Co.

3. Address and Telephone No.

P.O. BOX 51810 MIDLAND, TEXAS 79710-1810 915-688-6800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SECTION: 7, 8, 17, and 18

T-18-S, R-33-E 660/N 4 330/W Sec. 7

5. Lease Designation and Serial No.

SEE BELOW LC-069420

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. WEST CORBIN UNIT No. 19

9. API Well No.

32 025-30801

10. Field and Pool, or Exploratory Area

SOUTH CORBIN FIELD

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other REQUEST FOR EXTENSION
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

AS PER CONVERSATION OF 6/16/93, REQUEST FOR THREE (3) YEAR EXTENSION DUE TO CONTINUED WORK ON LEASE:
two 2 to submit facility diagram & water dis.

WELL NO	PRODUCING FORMATION	LEASE NO	SECTION	AVG WATER PRODUCED/PD/LEASE
5	WOLFCAMP	LC069420	17	
6	DELAWARE	LC069420	17	
7	SAN ANDRES	LC069420	17	
8	BONE SPRING	LC069420	17	
9	WOLFCAMP	LC069420	8	
10	WOLFCAMP	NM93	18	
11	WOLFCAMP	NM0997	8	
12	WOLFCAMP	NM93	18	
13	BONE SPRING	NM93	18	
14	WOLFCAMP	LC069420	17	
15	DELAWARE	NM93	18	

SEE ATTACHED

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

Signed [Signature] Title PRODUCTION ASSISTANT

Date 6/17/93

(This space for Federal or State office use)

Approved by [Signature]

Title Production Engineer

Date JUL 09 1993

Conditions of approval, if any:

WEST CORBIN UNIT CONT.
PAGE TWO

16	BONE SPRING/WTW	LC069420	7
17	DELAWARE	NM93	18
18	WOLFCAMP	NM93	18
19	BONE SPRING	LC069420	7
20	DELAWARE	NM93	18
21	WOLFCAMP	NM93	18
22	DELAWARE	NM93	18
24	DELAWARE	NM93	18
25	WOLFCAMP	L069420	7
26	WOLFCAMP	LC069420	8
28	WOLFCAMP	LC069420	17
30	BONE SPRING	LC069420	7

62.6 BOWPD

