

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIPT
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. LC-069420	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. 915/686-5600		8. FARM OR LEASE NAME West Corbin Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 330' FWL		9. WELL NO. 19	
10. FIELD AND POOL, OR WILDCAT West Corbin (Bone Spring) N. Young		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 07, T18S, R33E	
14. PERMIT NO. Approved 2/20/90	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3918' GR.	12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input 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) Set & Cmt Csg <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)*

Spud well on 3/10/90. Set 8 5/8" csg @1516'. Cmt w/610 sx Class "C" + 4% Gel + 2% CaCl2. Tailed w/200 sx Class "C" + 2% CaCl2. CIRC. 210 S+.

ACCEPTED FOR RECORD

APR 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. Spec. DATE 02 April 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side