

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
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. Sec. 07, T18S, R33E		9. WELL NO. 19	
		10. FIELD AND POOL OR WILDCAT West Corbin (Bone Spring)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 07, T18S, R33E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3918' GR.	12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

HOLE/CASING PROGRAM: Drill 12 1/4" hole to 1500'. Set 8 5/8" csg @1500' and cmt to surface w/600 sx Cl. C + 4% Gel + 2% Calcium Chloride lead and 200 sx Cl. C + 2% Calcium Chloride tail. Drill 7 7/8" hole to 8900'. Set 5 1/2" csg @ 8900' with a stage collar @5000'. Cmt to surface. 1st Stage: 500 sx 12.5 ppg Silicalite & 30 sx Cl H tail. 2nd Stage: 600 sx Cl. C lite + 12% salt & 200 sx Cl. C Neat tail.

MUD PROGRAM: 0-1500' = FW Spud Mud; 1500'-8000' = Saturated Brine; 8000'-TD = Saturated Brine/Polymer/Starch/

BOP PROGRAM: 11"-3M BOP to be installed on 8 5/8" and left on for remainder of drilling. Stack to consist of annular BOP, blind ram BOP, and one pipe ram BOP. Test BOP's @8 5/8" nipple-up using an independent tester.

CASING DETAIL: 8 5/8", 24#/ft, K-55, STC

5 1/2", 17#/ft, K-55, STC

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

SIGNED

Robert L. Bradshaw

TITLE

Sr. Staff Env./Reg. Spec.

DATE

2/15/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

RECEIVED
FEB 21 1990
OCD
HOBBS OFFICE