

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

5. LEASE DESIGNATION AND SERIAL NO.  
**NM-93**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
**Southland Royalty Company**

3. ADDRESS OF OPERATOR  
**21 Desta Dr., Midland, TX 79705**

3a. AREA CODE & PHONE NO.  
**915/686-5600**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**1980' FNL & 1780' FWL**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**West Corbin Federal**

9. WELL NO.  
**22**

10. FIELD AND POOL, OR WILDCAT  
**West Corbin (Delaware)**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
**Sec. 18, T18S, R33E**

14. PERMIT NO.  
**Approved 4/04/90**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3880' GR.**

12. COUNTY OR PARISH  
**Lea**

13. STATE  
**NM**

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

16.

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Set & Cmt (csg.**

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(Other)

(NOTE: Report results of multiple completion on Well  
Completion or Re-completion 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 4/14/90.

Set **8 5/8"** csg @433'. Cmt w/280 sx Cl. "C" w/2% CaCl<sub>2</sub> & 1/4#/sx Celloflake. Circ. 100 sx. Bumped plug w/750 psi. Float valve held ok. Job complete @0330 hrs MST on 4/15/90. Spudding & cmtng witnessed by Jack Johnson, BLM.

APPROVED BY *[Signature]*

DATE *[Signature]*

OFFICIAL SEAL ATTACHED

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

SIGNED

*[Signature]* TITLE

Sr. Staff Env./Reg. Spec.

DATE

16 April 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.