

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

UNITED 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

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

**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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <b>Southland Royalty Company</b>		8. FARM OR LEASE NAME <b>West Corbin Federal</b>
3. ADDRESS OF OPERATOR <b>21 Desta Dr., Midland, TX 79705</b>	3a. AREA CODE & PHONE NO. <b>915-686-5600</b>	9. WELL NO. <b>24</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1800' FNL &amp; 2150' FEL</b>		10. FIELD AND POOL, OR WILDCAT <b>West Corbin (Delaware)</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 18, T18S, R33E</b>
14. PERMIT NO. <b>Approved 4/24/90</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3846' GR.</b>	12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>NM</b>

16. **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) <b>Spud Well &amp; Set Surface Csg.</b> <input checked="" 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 @1600 hrs. (MST) on 01 May 1990.  
Set 8 5/8" csg @ 430'. Cmt w/260 sx Class C w/2% Calcium Chloride & 1/4# Flocele per sx.  
P.D. @ 0045 hrs. (MST) on 02 May 1990. Circulate 50 sx.

RECEIVED  
MAY 7 8 40 AM '90

ACCEPTED FOR RECORD

CARLSBAD, NEW MEXICO

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

SIGNED <u><i>Robert L. Bradshaw</i></u>	TITLE <u>Sr. Staff Env./Reg. Spec.</u>	DATE <u>03 May 1990</u>
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(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side