CONTACT RECEIVING

BLM Roswell District

13 February 1991

DATE

DATE

| Form 3160-5 UNITE STATES | | | | OFFICE FOR NUMBER OF COPIES REQUIRED | NMO60-3160-4 | Modified Form No. NM060-3160-4 | |
|--|----------------------|--|-----------------|---|---|--|--|
| (July 1989) (Formerly 9-331) | | RTMENT OF THE INTERIOR | | (Other instructions on reverse side) | 5. LEASE DESIGNATION | AND SERIAL NO. | |
| BUREAU OF LAND MANAGEMENT | | | | | LC-069420 | | |
| (Do not use this form | n for proposals | ES AND REP to drill or to deepen of FOR PERMIT-" for suc | or plug back to | | 6. IF INDIAN, ALLOTTEE | OR TRIBE NAME | |
| 1. OIL X GAS WELL | 7. UNIT AGREEMENT NA | 7. UNIT AGREEMENT NAME | | | | | |
| 2. NAME OF OPERATOR | 8. FARM OR LEASE NAM | 8. FARM OR LEASE NAME | | | | | |
| Southland Royalty | West Corbin Fe | West Corbin Federal | | | | | |
| 3. ADDRESS OF OPERATOR | 9. WELL NO. | 9. WELL NO. | | | | | |
| 21 Desta Dr., Midland, TX 79705 915-686-5600 | | | | | 26 | 26 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2の4つ 1 1830' FSL & 1980' FWL | | | | | South Corbin (\ 11. SEC., T., R., M., OR I SURVEY OR AREA \$\frac{3}{7}\$ | 10. FIELD AND POOL, OR WILDCAT South Corbin (Wolfcamp) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T18S, R33E | |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DI | | | | RT, GR, etc.) | 12. COUNTY OR PARISH | 13. STATE | |
| 30-025-31064 3897' GR. | | | | | Lea | NM | |
| NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* CHANGE PLANS (Other) | | | | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Set & Cemen (NOTE: Report result: | REPAIRING WELL ALTERING CASING ABANDONMENT* T Casing S of multiple completion on Well mpletion Report and Log form.) | | |
| posed work. If well work.)* | is directionally | drilled, give subsurface 923'. Cmt w/10 | ocations and | ails, and give pertinent dates, in measured and true vertical depti s C Lite + 15 pps salt P.D. @1550 hrs. | hs for all markers and zone | es pertinent to this | |
| | | | Λο | | | | |

*See Instructions on Reverse Side

Sr. Staff Env./Reg. Specialist

TITLE

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

(This space for Federal or State office use)