CONTACT RECEIVING

**BLM Roswell District** 

06 February 1991

DATE

DATE

Continue materials on reverse   Sunday   DEPARTMENT OF THE INTERIOR   Continue materials on reverse   Sunday   Department of the poposals to all of the despon or plug back to a different reservor.	Form 3160-5	L	INITED STATES	OFFICE FOR NUMBER OF COPIES REQUIRED		Modified Form No. NM060-3160-4	
SUNDRY NOTICES AND REPORTS ON WELLS  (Co not use this form for proposable to after 0 designs or plug back to a different reservoir.  1. OR. WARD PROPORTION FOR PERMITT For each proposable to will be seen to a different reservoir.  1. OR. WARD PROPOSABLE TO SEED	(July 1989)	DEPARTMENT OF THE INTERIOR		(Other instructions on reve	erse 5. LEASE DE	5. LEASE DESIGNATION AND SERIAL NO.	
(Do not use this form for proposals to drill or to design or ping back to a different reservor.  1. OLL SALE OF PERMITT FOR PERMITT FOR SUCH PROPOSALS.)  2. NAME OF OPERATOR  2. NAME OF OPERATOR  3. AREA CODE & PROVE NO.  2. NOTE OF STATE  SOUTHLAND, AND STATE  2. NAME OF OPERATOR  3. AREA CODE & PROVE NO.  2. PERMIT NO.  2. PERMIT NO.  2. Desta D.r., Middland, TX 79705  3. AREA CODE & PROVE NO.  2. Desta D.r., Middland, TX 79705  3. AREA CODE & PROVE NO.  4. LOCATION OF WELL (Sepont location clearly and in accordance with any State requirements.*  5. See also space 17 below).  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  7. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  7. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  5. SEE T. R. M. (OR SIX. AND OUT OF THE NO.)  6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  7. SUBSEQUENT REPORT OF,  8. FARMON OR LEASE NAME  8. FARMON OR LEASE NAME  8. FARMON OR LEASE NAME  9. WELL NO.  9.	(Formerly 9-331)	BUREAU C	OF LAND MANAGEMENT	side)	LC-069		
ONEL   S   OTHER   OTHER   S. FARM OR LEASE NAME   West Corbin Federal    2. NAME OF OPERATOR   Sa. AREA CODE & PHONE NO.   9 WELL NO.    2.1 Desta Dr., Midland, TX 79705   915-686-5600   9 WELL NO.    4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements."   10. FIELD AND POOL, OR WILDCAT    See also space 17 below)   As surface   20-41    1830" FSL & 1980" FWL   See also space 17 below)   15 ELEVATIONS (Show whether DF, RT, GR, etc.)   12. COLATY OR PARISH   13. STATE    14. PERMIT NO.   15 ELEVATIONS (Show whether DF, RT, GR, etc.)   12. COLATY OR PARISH   13. STATE    15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data    NOTICE OF INTENTION TO   SUBSEQUENT REPORT OF:   REPAIRING WELL   ALTERING CASING   ABANDOW-   REPAIRING WELL   ALTERING CASING   ABANDOW-   REPAIRING WELL   ALTERING CASING   ABANDOW-   REPAIRING CASING   REPAIRING CA		orm for proposals	to drill or to deepen or plug back	c to a different reservoir.	6. IF INDIAN	, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR  SOUTHIAND ROYalty Company  3. ADDRESS OF OPERATOR  21 Desta Dr., Midland, TX 79705  32. AREA CODE & PHONE NO.  21 Desta Dr., Midland, TX 79705  33. AREA CODE & PHONE NO.  25 Sec. 19, WELL NO.  26 also space 17 below.)  36 touriace 2 0 9-1  1830° FSL & 1980° FWL  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERTION TO:  TEST WATER SHUT-OFF RACTURE TRATEMENT SHOOT OR ACIDIZE REPORT WOULD FEATURE TRATEMENT SHOOT OR ACIDIZE REPORT WOULD FEATURE TRATEMENT SHOOT OR ACIDIZE REPORT WOULD FEATURE SHUT-OFF REPORT MORE ABANDOWHEN TO SHOOT OR ACIDIZE REPORT WOULD FEATURE TRATEMENT SHOOT OR ACIDIZED OR COMPLETE COMPLETE DEPARTMENT SHOOT OR ACIDIZED OR COMPLETE OF SEPATION (Clearly state all personner details, and give permanent dates, included well of the proposed work.)*  17. DESCRIPTION OF ACIDIZE REPORT WOULD SHOOT OR ACIDIZED OR SHOOT OR ACIDIZE						7. UNIT AGREEMENT NAME	
2. ADDRESS OF CREATOR 2.1 Desta Dr., Midland, TX 79705 3. AMEL CODE & PHONE NO. 2.1 Desta Dr., Midland, TX 79705 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2 0 0 1 1 18.30' FSL & 1980'FWL  19. ELEVATIONS (Show whether DF, RT, GR, etc.) 3. SOUTH COrbin (Wolfcamp) 11. SEC., T. R., M., OR BLK AND SORPY OR AREA SOC. 3. T18S, R33E 14. PERMIT NO. 3. SPATE BOX TO Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3. SUBSEQUENT REPORT OF: 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO.  17. SECRIBE PROPOSED OR COMPLETE ARABADOM* CHANGE PLANS CHANGE PLANS CHANGE PLANS (One) Set & Cement Casing REPAIR WELL COMPLETE OPERATIONS (Clearly state all pertinent details, and give perfinent date, six 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 perfinent date, six of multiple completion on Well Completion or Recompletion Report and Log form.) 18. SECRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perfinent date, six of multiple completion on Well Completion or Recompletion Report and Log form.) 19. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perfinent date, six of multiple completion on Well Completion or Recompletion Report and Log form.) 19. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perfinent date, six of multiple completion on Well Completion or Recompletion Report and Log form.) 19. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perfinent date, and give performent date, an						8. FARM OR LEASE NAME	
21 Desta Dr., Midland, TX 79705  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below). At surface 20011  1830' FSL & 1980' FWL  15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3897' GR.  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZE ABANDON* SHOOTI	Southland Royalty Company					West Corbin Federal	
10. FIELD AND POOL, OR WILDCAT See alto space 17 below.  1830' FSL & 1980' FWL  11. SEC, T.R. M., OR BLX.  12. COUNTY OR PARISH 13. STATE SURVEY OR AREA  14. PERMIT NO. 3897' GR.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ARANDON* SHOWLIFILE COMPLETE SHOOT OR ACIDIZE ARANDON* CHANGE PLANS  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent or Recompletion on Well Completed work. If well is directionally drilled, give subsurdace locations and measured and true vertical depths for all markers and zones pertinent to the W/4/00 SX Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.	3. ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO.					9. WELL NO.	
South Corbin (Wolfcamp)  11. SEC. T., R. M., OR BLK. AND SURVEYOR AREA  12. COUNTY OR PARISH  13. STATE  14. PERMIT NO.  30-025-31064  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO  TEST WATER SHUT-OFF FRACTURE TREAT SHOT OR ACIDIZE ABANDON' REPAIR WELL (Change PLANS (Check) Change PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent datals, 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 pertinente to swork.)*  Spudded well @ 12:30 PM 2/4/91. Ran (9) joints 48# H-40 ST&C. Set 13 3/8 Casing @ 390' and cemented w/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.	21 Desta Dr., Midland, TX 79705 915-686-5600					26	
1830' FSL & 1980'FWL  11. SEC, T. R. M. OR BLK. AND SURVEYOR AREA Sec. *** 5. T185, R33E  14. PERMIT NO.  3897' GR.  15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  NOTICE OF INTENTION TO:  WATER SHUT-OFF FACTURE TREAT MULTIPLE COMPLETE ABANDON' REPAIR WELL CHANG PLANS (One) Set & CEMENT Casing (One) Set & CEMENT REPORT OF:  REPAIR WELL CHANGE PLANS (One) Set & CEMENT Casing (One) Set & CEMENT AND ADDITION OF THE PROPERTIES OF MULTIPLE COMPLETE COMPLETE OR SHOOTHOR ACIDIZE REPAIR WELL (Cherly State all pertinent details, and give pertinent dates, including estimated date of stating any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent be to work.)  Spudded well © 12:30 PM 2/4/91. Ran (9) joints 48# H-40 ST&C. Set 13 3/8 Casing @ 390' and cemented w/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.  Plug down @ 7:55 PM 2/4/91.	See also space 17 below.)						
Sec6, T18S, R33E  14. PERMIT NO. 30-025-31064  15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3897' GR.  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* SPEAR WELL (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including setumated date of stanting any proposed work. If well is directionally diriled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent work w/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.	<b>~</b> :					SURVEY OR AREA	
13. PERMIT NO.  30-025-31064  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all perlinent details, and give perinent 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 to w/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.							
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  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 the W/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.  Plug down @ 7:55 PM 2/4/91.	14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)					<del></del>	
NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of stating any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to to w/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.  SUBSEQUENT REPORT F:  WATER SHUT-OFF REPAIRING WELL ALTERING CASING ABANDONMENT*  X (Other)  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of staring any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to to work.)*  Spudded well @ 12:30 PM 2/4/91. Ran (9) joints 48# H-40 ST&C. Set 13 3/8 Casing @ 390' and cemented w/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.  Plug down @ 7:55 PM 2/4/91.	30-025-31064		3897' GR.		Lea	NM	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  7. 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 uve vertical depths for all markers and zones pertinent to two/rk.)  Spudded well @ 12:30 PM 2/4/91. Ran (9) joints 48# H-40 ST&C. Set 13 3/8 Casing @ 390' and cemented w/400 sx Class "C" + 2% Calcium Chloride + 1/4 sx Celloflake. Circulated 150 sxs to surface.  Plug down @ 7:55 PM 2/4/91.	16.	Check App	propriate Box To Indica	te Nature of Notice, Re	eport, or Othe	r Data	
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL Change Plans  Completion on Neil  Completion of Recompletion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report results of multiple completion on Neil  Completion of Recompletion Plans  Report result	NOTICE OF INTENTION TO: SUBSEQU						
	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OF posed work. If well work.)*  Spudded well @ 12 w/400 sx Class "	COMPLETED OPER is directionally of the complete of the complet	ULTIPLE COMPLETE  BANDON* HANGE PLANS  RATIONS (Clearly state all pertinent drilled, give subsurface locations  '91. Ran (9) joints 48# ium Chloride + 1/4 sx C	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Set & Cerne (NOTE: Report resonance of the completion or Redetails, and give pertinent dates and measured and true vertical description of the completion of the	ent Casing sults of multiple com ecompletion Report a , including estimated epths for all markers  Casing @ 390	BANDONMENT*  Inpletion on Well and Log form.)  Indicate of starting any prosand zones pertinent to this  and cemented	

## \*See Instructions on Reverse Side

TITLE

TITLE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

Sr. Staff Env./Reg. Specialist