

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.  
**LC-069420**

**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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME

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

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

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

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

9. WELL NO.  
**25**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**510' FSL & 695' FWL**

10. FIELD AND POOL, OR WILDCAT  
**South Corbin (Wolfcamp)**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**Sec. 7, T18S, R33E**

14. PERMIT NO.  
**30-025-31065**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3866' 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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) **Set & Cement Casing**

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐  
**X**

(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.)\*

**1/31/91--Set 5-1/2" csg @11,510'. Cmt 1st Stage w/350 sx Super H + 5.0% salt + 0.5% CF-2 + 0.5% Diacel LWL. Tail w/450 sx Class H + 0.9% CF-9 + 0.2% TF-4. PD @2145 hrs. on 1/31/91. Circ. 176 sx. Cmt. 2nd Stage w/880 sx Class H Lite. Tail w/300 sx Class H. PD @0525 hrs on 2/01/91.**

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

SIGNED

*Robert L. Bradshaw*

TITLE

**Sr. Staff Env./Reg. Specialist**

DATE

**01 February 1991**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**