

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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. 28
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 810' FEL		10. FIELD AND POOL, OR WILDCAT South Corbin (Wolfcamp)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T18S, R33E	
14. PERMIT NO. 30-025-31186	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3899' 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:		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) <u>Set & Cement Casing</u> <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 @0900 hrs. on 3/07/91.
Set 13-3/8" 48# H-40 csg @385'. Cmt w/400 sx Class C + 2% calcium chloride. P.D. @1810 hrs. on 3/07/91. Circulate 120 sx. WOC 16-3/4 hrs. Pressure test 13-3/8" csg @600 psi for 30 minutes--OK.
Set 8-5/8" 28# K-55 csg @2930'. Cmt w/1005 sx Class C Lite + 15 pps salt + 1/4 pps Celloseal. Tail w/250 sx Class C + 2% calcium chloride. P.D. @1000 hrs. on 3/10/91. Circulate 165 sx. WOC 15-3/4 hrs. Pressure tested the 8-5/8" @1500 psi for 30 minutes--OK.

AS

APR 10 1991

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

SIGNED *Robert L. Bradshaw* TITLE Sr. Staff Env./Reg. Specialist DATE 14 March 1991

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**