

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator MERIDIAN OIL INC. <i>Southland Regional Corp.</i>	8. Well Name and No. <i>FEEDER</i> WEST CORBIN UNIT <i>NO. 30</i>
3. Address and Telephone No. P.O. BOX 51810 MIDLAND, TEXAS 79710-1810 915-688-6800	9. API Well No. <i>32-025-31233</i>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SECTION: <i>7, 8, 17, and 18</i> T-18-S, R-33-E <i>1880/N 4 550/E Sec. 7</i>	10. Field and Pool, or Exploratory Area SOUTH CORBIN FIELD <i>EX-51</i>
	11. County or Parish, State LEA, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other REQUEST FOR EXTENSION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

AS PER CONVERSATION OF 6/16/93, REQUEST FOR ~~THREE (3)~~ *two 2* YEAR EXTENSION *to submit facility diagram & water disp.* DUE TO CONTINUED WORK ON LEASE:

WELL NO	PRODUCING FORMATION	LEASE NO	SECTION	AVG WATER PRODUCED/PD/LEASE
5	WOLFCAMP	LC069420	17	
6	DELAWARE	LC069420	17	
7	SAN ANDRES	LC069420	17	
8	BONE SPRING	LC069420	17	
9	WOLFCAMP	LC069420	8	
10	WOLFCAMP	NM93	18	
11	WOLFCAMP	NM0997	8	
12	WOLFCAMP	NM93	18	
13	BONE SPRING	NM93	18	
14	WOLFCAMP	LC069420	17	
15	DELAWARE	NM93	18	

SEE ATTACHED

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

Signed *[Signature]* Title **PRODUCTION ASSISTANT**

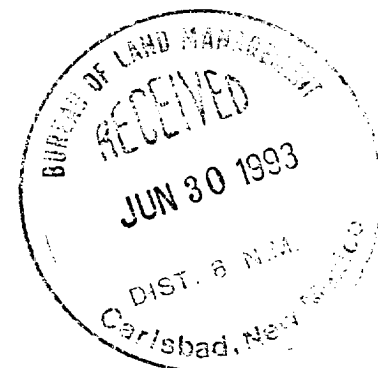
Date **6/17/93**

(This space for Federal or State office use)

Approved by *[Signature]*
Conditions of approval, if any:

Title *[Signature]*

Date **JUL 09 1993**



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JOHN H. HARRIS

JOHN H. HARRIS

WEST CORBIN UNIT CONT.
PAGE TWO

16	BONE SPRING/WIW	LC069420	7
17	DELAWARE	NM93	18
18	WOLFCAMP	NM93	18
19	BONE SPRING	LC069420	7
20	DELAWARE	NM93	18
21	WOLFCAMP	NM93	18
22	DELAWARE	NM93	18
24	DELAWARE	NM93	18
25	WOLFCAMP	LC069420	7
26	WOLFCAMP	LC069420	8
28	WOLFCAMP	LC069420	17
30	BONE SPRING	LC069420	7

62.6 BOWPD

