

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.
4M060-3160-4

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.)

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 P.O. Box 51810, Midland, TX 79710-1810		3a. AREA CODE & PHONE NO. (915)688-6943	
9. WELL NO. 30		10. FIELD AND POOL, OR WILDCAT CORBIN BONE SPRING, SOUTH	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface H, 1880' FNL & 550' FEL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 7, T-18-S, R-33-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3923.5' 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) RECOMPLETE - DEEPEN <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.)*

6/13/92 UNSEAT PUMP. TOOH W/ RODS. RLS TAC & TOOH W/ TBG & ANCHOR.

6/14/92 TIH W/ RETAINER & SET @ 4875', PR TBG 3000#, CSG 2000#. SQZ DELAWARE PERFS 5044'-5053' W/ 150 SX "C" W/ .3 HALAD 9 & 50 SX "P". TOOH W/ TBG & STINGER.

6/16/92 GIH W/ 4-3/4 SEC BITS & 3-1/2 DC'S, TAGGED @ 4868', DRL RETIANER & CMT TO 5045', CIRC CLN.

6/17/92 PU TBG & TAG @ 10,644', DISPLACE W/ 2% KCL. PERF: 9972'-9982' & 9988'-10,018', (84 HOLES).

6/18/92 GIH W/ PKR TO 10,010', PICKLE TBG W/ 200 GALS 15% NEFE ACID. REVERSE ACID, SET PKR, ACDZ W/ 4000 GAL 15% NEFE W/ 168 BS.

6/20/92 RLS PKR. TOOH, PERF: 9914'-9933', 2 SPF (50 HOLES). GIH W/ RBP, PKR & TBG, SET @ 9962'.

6/21/92 SET RBP @ 9956'. PULL PKR TO 9835', ACDZ W/ 1200 GAL 7-1/2% NEFE. 6/25/92 RIH W/ PROD STRING & 2-1/2 X 1-1/4 X 36 RHBM PUMP.

6/27/92 TURN TO PRODUCTION.

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

SIGNED

William S. Haly

TITLE

PRODUCTION ASST

DATE

8/12/92

(This space for Federal or State office use)

APPROVED BY

TITLE

2 1992

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side