

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION  
P. O. BOX 1000  
HOBBS, NM 88240  
CONTACT RECEIVING  
OFFICE FOR NUMBER  
NOTICE REQUIRED  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No.  
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.  
LC-064944

**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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Southland Royalty Company

3. ADDRESS OF OPERATOR  
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.  
915-688-6800

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
H,2062' FNL & 769' FEL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal MA-8

9. WELL NO.  
30-025-31492-8

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

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

Sec.21, T18S, R33E

14. PERMIT NO.  
30-025-31492

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

(Other) clean out paraffin

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other)

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

(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.)\*

- MIRU slickline unit and cut paraffin as deep as possible. RDMO slickline unit.
- MIRU coil tubing unit with 1 1/2" tubing. NU lubricator and test to 5100 psi. RIH with perforation cleaning tool on coil tubing.
- MIRU stimulation company. NU surface lines and test to 5100 psi. Monitor the 1 1/2" x 2 7/8" annulus. Pump 1500 gallons of AE aromatic across the perforations at 11150' to 11192' and 11228' to 11242'. Follow the AE aromatic with 3000 gallons of Pentol 250 (15% NEFe HCl acid) across the same perforations. Reciprocate the PCT across the perforations while pumping. Flush with 2% KCl water containing 2 gpt of TFA-380B or Acid Engineering's equivalent.

Anticipated Treating Rate = 1.8 BPM  
Anticipated Treating Pressure = 3000 psi  
Maximum Annular Pressure = 5000 psi  
Maximum Treating Pressure = 5000 psi

POH with coil tubing and ND lubricator. RDMO stimulation company and coil tubing unit.

- Connect to surface facilities and begin flowing. Report rates to the Midland office.

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

SIGNED

TITLE

Production Assistant

DATE

5-24-93

(This space for Federal or State office use)

APPROVED BY

(ORIG. SGD.) JOE G. LARA

TITLE

PETROLEUM ENGINEER

DATE

JUN 16 1993

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

UN 21 1993

W. H. HUBBS  
1993