Form 3160-5 (June 1990) 10 03 Mr 93

Other

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

P. O. BOX 51810, MIDLAND, TEXAS 79710

SOUTHLAND ROYALTY COMPANY

1. Type of Well

Oil Well

2. Name of Operator

3. Address and Telephone No.

Gas Well

N. M. CIL CONS. POMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240

(915-688-6906)

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	UNITED S	
DEPART	MENT OF	THE INTERIOR
BUREAU	OF LAND	MANAGEMENT

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

5. Lease Designation and Serial No. NM-61604

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

8. Well Name and NoWELL NO.

SOUTH CORBIN FEDERAL

10. Field and Pool, or Exploratory Area

SOUTH CORBIN MORROW

9. API Well No.

30-025-31513

P, 554' FSL & 554' FEL, SEC.	11. County or Parish, State LEA COUNTY, N.M.		
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO		
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other REPAIRS TO SEAL ASSEMBLY	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Maddit Completion or Recompletion Report and Log femals)	
Describe Proposed or Completed Operations (Clearly state give subsurface locations and measured and true ver	all pertinent details, and give pertinent dates, including estimated date of starti- tical depths for all markers and zones pertinent to this work.)*	ing any proposed work. If well is directionally drained	

WELL REPAIRS NECESSARY DUE TO SEAL ASSEMBLY FAILURE AND SUBSEQUENT CASING LEAK. IMMEDIATE ACTION REQUIRED FOR SAFETY REASONS.

SUNDRY FILED AS PER THE REQUEST OF THE BLM, INSPECTION & ENFORCEMENT SECTION IN HOBBS, N.M.

REQUEST PERMISSION TO CONTINUE OPERATIONS 24 HOURS A DAY UNTIL REPAIRS ARE COMPLETED. ESTIMATED DATE OF COMPLETION BY APRIL 16, 1993.

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4. I hereby certify that the foregoing is true and correct	Title	PRODUCTION ASST.	Date	4-8-93	_
Signed VIVIII or State office use)		THE CHAINES		APR 2 7 1993	
Approved by IORIG, SGD.) DAVID & GLAS. Conditions of approval, if any:	_ Title	SENCERUM ENGINEER	Date		
Constitution of Spyrotecture,			· ·		_