

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

SOUTHLAND ROYALTY COMPANY

3. Address and Telephone No.

P. O. BOX 51810, MIDLAND, TEXAS 68610

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

J, 1980' FSL & 2080' FEL, SEC. 21, T-18-S, R-33-E 1/4 N.M.

5. Lease Designation and Serial No.

NM-0997

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FEDERAL MA NO. 9

9. API Well No.

30-025-31796 ✓

10. Field and Pool, or Exploratory Area

SOUTH CORBIN WOLFCAMP

11. County or Parish, State

LEA

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SPUD & SET SURF. CSG.
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

11-26-92 SPUD 17-1/2" HOLE. DRD TO 405'. RAN 13-3/8" 48# H-40 STC CSG SET AT 405'
CMT D W/425 SXS C CMT + .2% CACL2 + 0.25 PPS FLOCELE.
USED 4 CENTRALIZERS. WOC 18 HRS. BUMPED PLUG W/500 PSI FOR 30 MINUTES, O.K.

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

Signed

Maria L. Perry

Title PRODUCTION ASST.

Date 1-13-93

(This space is for the signature of the person who prepared the report or notice.)

Approved by

David H. S. [Signature]

Title

Date

Conditions of approval, if any:

JAN 19 1993