

UNITED STATES
DEPARTMENT 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 0997

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. WEST CORBIN
FEDERAL # 31

9. API Well No.
30-025-32125

10. Field and Pool, or Exploratory Area
SOUTH CORBIN WOLFCAMP

11. County or Parish, State
LEA COUNTY, NM

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, TX 79710

915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC. 8, T18S, R33E

2130' FSL & 1980' FEL

Unit J

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

TYPE OF SUBMISSION

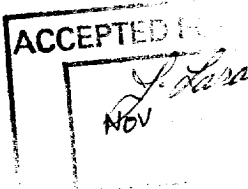
- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SET INTERMEDIATE CASING
☐ 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.)
DRLD 12 1/4" HOLE TO 2967'. RAN 69 JTS OF 8 5/8" K-55 28# CSG. SET AT 2967'. USED 5 CENTRALIZERS. CMTD W/ LEAD: 1000 SXS 'C' LITE W/.30 PPS FLOCELLE & 1500 PPS SALT, TAIL: 300 SXS 'C' W/2% CACL2. WOC 21.75 HOURS. BMPED PLUG TO 750 PSI FOR 30 MINS. OK.



OCT 12 11 11 AM '93

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

Signed DONNA WILLIAMS

Title PRODUCTION ASSISTANT

Date 10/8/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____