

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

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**

**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 **SPUD & SET SURFACE 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.)\*

**7 17/93: SPUD. DRLD 17 1/2" HOLE TO 405'. RAN 9 JTS 13 3/8" 48# H-40 STC CSG. SET AT 405'. CMTD W/420 SXS 'C' + 2% CACL2. CIRCL 146 SXS TO SURF. USED 4 CENTRALIZERS. BMPED PLUG TO 500 PSI FOR 30 MINUTES. OK. WOC 19 HOURS.**

ACCEPTED

NOV

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

Signed

*Donna Williams*  
**DONNA WILLIAMS**

Title **PRODUCTION ASSISTANT**

Date

**10/8/93**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: