Form 3160-5 (July 1989)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

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

CONTACT RECEIVIN OFFICE FOR NUMBER **STATES** UNIT OF COPIES REQUIRED (Other instructions on reverse LEASE DESIGNATION AND SERIAL NO. DEPARTMENT OF THE INTERIOR side) NM-93 (Formerly 9-331) BUREAU OF LAND MANAGEMENT IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WELL X GAS WELL OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR West Corbin Federal Southland Royalty Company 3a. AREA CODE & PHONE NO. WELL NO. ADDRESS OF OPERATOR 20 915/686-5600 21 Desta Dr., Midland, TX 79705 10. FIELD AND POOL, OR WILDCAT LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* West Corbin (Delaware) See also space 17 below.) 11. SEC., T., R., M., OR BLK. AND At surface SURVEY OR AREA 500' FNL & 330' FWL Sec. 18, T18S, R33E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. NM 3855' GR. Approved 2/22/90 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT\* SHOOTING OR ACIDIZING ABANDON\* SHOOT OR ACIDIZE (Other) Set & Cmt Csq CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) REPAIR WELL (Other) 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.)\* Spud well @2100 hrs. on 4/01/90. Set 8 5/8" csg @416'. Cmt w/240 sx Class "C" w/2% CaCl2. Cmt circ. aort i Res CARLSBAD, NEW MEXICO foregoing is true and correct I hereby certify that the 02 April 1990 Sr. Staff Env./Reg. Spec. DATE TITLE SIGNED (This space for Federal or State office use) DATE

## \*See Instructions on Reverse Side

TITLE