

5. LEASE DESIGNATION AND SERIAL NO.
NM-0997

6. 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.)

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
SOUTHLAND ROYALTY COMPANY

8. FARM OR LEASE NAME
UNCLE FEDERAL COM

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
915-688-6906

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
C, 660' FNL & 1650' FWL

10. FIELD AND POOL, OR WILDCAT
SOUTH CORBIN (WOLFCAMP)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28, T-18-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3813' GR

12. COUNTY OR PARISH
LEA

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) PARAFFIN CLEANUP <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

PUMP IN 330 GALLONS (6 DRUMS) OF TRETOLITE'S PD 100 WITH F-46 DOWN THE BACKSIDE WITH 30 BBLS OF LEASE CRUDE. CIRCULATE OVERNIGHT WITH THE PUMPING UNIT.

PUMP BACK THE CHEMICAL AND LEASE CRUDE THE NEXT DAY.

TIGHTEN POLISH ROD RAMS TO THE MAXIMUM. MONITOR THE TUBING PRESSURE AND DO NOT ALLOW THE PRESSURE TO GO ABOVE 1000 PSI BY DECREASING THE PUMP RATE. PUMP 4000 GALLONS OF AE AROMATIC (75% NAPHTHA, 25% TOLUENE) DOWN THE BACKSIDE AND FLUSH WITH 50 BBLS OF LEASE CRUDE.

ALLOW THE CHEMICAL TO SOAK FOR 24 HOURS. BRING THE WELL BACK ON LINE.

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

SIGNED _____ TITLE **PRODUCTION ASST.** DATE **3-10-92**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **3/23/92**

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**