NM OIL COMS. COMMISSION

Drawer DD

Artesia, NM 88210

| Form 9-331<br>(May 1963)                                                                                                                                   | DFPART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UNITED S                              | TATES THE INTERIOR                                                | SUBMIT IN TRIPLICATE.                    | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|
| C/3                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   |                                          | NM 16804                                                                       |                                              |
| S                                                                                                                                                          | UNDRY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sals to drill or t                    | REPORTS ON of deepen or plug back to the transfer of such propose | to a different reservoir.                | 6. IF INDIAN, ALLOTTEE                                                         | OR TRIBE NAME                                |
| I.  OIL GAS WELL X OTHER                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   | nor 1 . 3331                             | 7. UNIT AGREEMENT NAME                                                         |                                              |
| 2. NAME OF OPERATOR                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   | <del>- [15] - [12]</del>                 | S. FARM OR LEASE NAME                                                          |                                              |
| Southland Royalty Company / 2. ADDRESS OF OPERATOR                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   |                                          | Sand Ranch 3 rr.                                                               |                                              |
| 1100 Wall Towers West, Midland, TX 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any Stat See also space 17 below.) At surface |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   |                                          |                                                                                |                                              |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   | requirements.                            |                                                                                |                                              |
| 1980' FSL & 1980' FWL                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   |                                          | Undesignated (Mississippian)  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |                                              |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   | Sec. 26, T-10-S, R-29-E                  |                                                                                |                                              |
| 14. PERMIT NO.                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | S (Show whether DF, RT, C                                         | GR, etc.)                                | 12. COUNTY OR PARISH                                                           |                                              |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 5.6' GR                                                           |                                          | Chaves                                                                         | NM                                           |
| 16.                                                                                                                                                        | Check A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ppropriate Bo                         | x To Indicate Natur                                               | e of Notice, Report, or C                | Other Data                                                                     |                                              |
|                                                                                                                                                            | NOTICE OF INTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NTION TO:                             |                                                                   | SUBSEQU                                  | TENT REPORT OF:                                                                |                                              |
| TEST WATER SH                                                                                                                                              | UT-OFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PULL OR ALTER O                       | CASING                                                            | WATER SHUT-OFF                           | REPAIRING W                                                                    | ELL                                          |
| FRACTURE TREAT                                                                                                                                             | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MULTIPLE COMPI                        | ETE                                                               | FRACTURE TREATMENT                       | ALTERING CA                                                                    | SING                                         |
| SHOOT OR ACIDIZ                                                                                                                                            | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ABANDON*                              |                                                                   | SHOOTING OR ACIDIZING                    | ABANDONMEN                                                                     |                                              |
| REPVIR WELL  Other)                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHANGE PLANS                          |                                                                   | (Other) Run 4 1/2" (Note: Report results | of multiple completion of                                                      |                                              |
| Drl 7 7/8<br>LT & C &<br>Cl "H' cm                                                                                                                         | " hole to 9<br>ST & C csg<br>t. PD @ 6:<br>ve strength                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 810'. CCM<br>(9814'). 3<br>45 am 9/30 | to run csg.<br>Set @ 9810'.<br>/81. TOC @ 72                      |                                          | 11.60# N-80 & 60 Poz Mix & 440                                                 | K-55<br>J sxs                                |
|                                                                                                                                                            | Bottom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1473'                                 | 4 1/2" 11.6#                                                      |                                          |                                                                                |                                              |
|                                                                                                                                                            | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9810'                                 |                                                                   |                                          |                                                                                |                                              |
|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                   |                                          | J.S. GEOLOGIAN NOSWELL, N                                                      | 9 1981 1981 CAS<br>MCAL SURVEY<br>FIV MEXICO |
| 15. I hereby certify                                                                                                                                       | materie ratizoko                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RECORD corre                          | et                                                                |                                          |                                                                                |                                              |
| signed                                                                                                                                                     | ROUTE A. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IAMMAN                                | TITLE En                                                          | gineer Tech.                             | DATE10-6                                                                       | -81                                          |
| (This space for                                                                                                                                            | idi — <u>mal∺lili.</u><br>Federal <u>or S</u> tate <u>ω</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ice uses                              |                                                                   |                                          |                                                                                |                                              |
| L HARDOWNE .                                                                                                                                               | OCT 1 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1981                                  |                                                                   |                                          |                                                                                |                                              |
| U                                                                                                                                                          | S. GEOLOGIE<br>ROSWELL NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CAL SURVEY                            | TITLE                                                             |                                          | DATE                                                                           |                                              |
|                                                                                                                                                            | e umanista anta selectiva e il construcció del |                                       | See insunctions on                                                | ਮੌਕਾਵਾਨਵ ਹੈ ਕਰ                           |                                                                                |                                              |