## Form 3160-5 UNI D STATES (July 1989) DEPARTMENT OF THE INTERIOR UNI D STATES

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIREL
(Other instructions on reverse

BLM Roswell District Modified Form No. NM060-3160-4 5. LEASE DESIGNATION AND SERIAL NO.

(Formerly 9-331) BUREAU	OF LAND MANAGE	MENT	side)	NM-0997		
SUNDRY NOTION (Do not use this form for proposal Use "APPLICATION")		or plug back to		6. IF INDIAN, ALLOT	TEE OR TRIBE NAME	
1. OIL X GAS OTHER				7. UNIT AGREEMENT	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR				8. FARM OR LEASE	8. FARM OR LEASE NAME	
SOUTHLAND ROYALTY COMPANY				UNCLE PEDEF	UNCLE PEDERAL COM	
3. ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO.				9. WELL NO.	9. WELL NO.	
P.O. Box 51810, Midland,			915-688-6906	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				1	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	
4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARI	12. COUNTY OR PARISH 13. STATE		
	3813' GR			LEA	N.M.	
16. Check A	ppropriate Box To	o Indicate I	Nature of Notice, Re	port, or Other Dat	ta	
				SEQUENT REPORT OF:	ENT REPORT OF:	
ionaz or interna						
TEST WATER SHUT-OFF	PULL OR ALTER CASING	$\vdash$	WATER SHUT-OFF	REPAIRIN	1	
FRACTURE TREAT	MULTIPLE COMPLETE	$H \mid I$	FRACTURE TREATMENT SHOOTING OR ACIDIZING	X ABANDON		
SHOOT OR ACIDIZE REPAIR WELL	ABANDON* CHANGE PLANS	$H \mid$	(Other)			
(Other)	CIDATOL FEATO		(NOTE: Report res	ults of multiple completion completion Report and Log		
TO REPORT CONTINUED PLUG E 3160-4 INITIAL RECOMPLETION 1ST CIBP SET AT 12,430', 2N PREVIOUSLY REPORTED WOLFO 7-31-91 PERF'D WOLFCAMP 8-06-91 PERF'D WOLFCAMP 8-07-91 ACIDIZED W/7200 G 8-09-91 RIH W/2-1/2" X 1- 8-10-91 TURN WELL TO PRO	N REPORT DATED 6 ID CIBP SET AT 12 CAMP PERFS 11,3 P 11,238'-11,260' P 11,130'-11,200' GLS 15% NEFE ACID -1/4" X 36' RHBM	6-25-91. ,215' W/15 52'-11,420 ', 2 SPF, 40 ', 4 SPF, 28 D.	5' SAND ON TOP. '. D HOLES. ACIDIZED W 84 HOLES.	/2200 GLS 15% NE	FE ACID.	
			Ar			
18. I hereby certify that the foregoing is	true and correct			30.7. 2		
SIGNED		LE	PRODUCTION ASST.	DATE	3-10-92	
(This space for Federal or State office	use)					
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TIT	TLE		DATE		