Form 3160–5 (July 1989) (Formerly 9–331) UNIIED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		CONTACT RECEIVIT OFFICE FOR NUMBER OF COPIES REQUIRED	BLM Roswell District Modified Form No. NM060-3160-4		
		(Other instructions on reverse side)	5. LEASE DESIGNATION AND SERIAL NO.		
(Do not use this form for proposals	ES AND REPORTS ON to drill or to deepen or plug back to FOR PERMIT-" for such proposals.)	WELLS a different reservoir.	6. IF INDIAN, ALLOTT	EE OR TRIBE NAME	
			7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
SOUTHLAND ROYALTY COMPANY			QUERECHO 9. WELL NO.		
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland,	(915) 688-6943	1			
4. LOCATION OF WELL (Report location clea See also space 17 below.) At surface K, 1980' FSL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT SOUTH CORBIN WOLFCAMP 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA				
			SEC 28, T-	18-S, R-33-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 3783.3 GR	RT, GR, etc.)	12. COUNTY OR PARI	SH 13. STATE NM	
16. Check Ap	propriate Box To Indicate	Nature of Notice, Repo	rt, or Other Dat	а	
NOTICE OF INTENTION TO:			UENT REPORT OF:		
TEST WATER SHUT-OFF	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRIN		
		FRACTURE TREATMENT			
	SHOUT OR ACIDIZE		MP PAY		
(Other)	of multiple completion on Well Dietion Report and Log form.)				
work.)*	RATIONS (Clearly state all pertinent de drilled, give subsurface locations and	tails, and give pertinent dates, inc measured and true vertical depth	cluding estimated date s for all markers and :	of starting any pro- zones pertinent to this	
8/18/91 RU WELL SERVICE.					
8/21/91 DRILLED OUT FLOAT					
8/22/91 DRILLED OUT CMT TO 11,420' NEW PBTD. OPEN HOLE 11,300' - 11,420 WOLFCAMP PAY.					
8/23/91 SPOT 200 GALS 15% NEFE HCL. REVERSED ACID.					
8/24/91 ACIDIZED WOLFCAMP	OPEN HOLE 11,300 - 11,4	20' W/ 10,500 GALS 15	% NEFE HCL, SW	AB.	
8/28/91 RIH W/ 2-3/8" PROI 500#, OK. TURN V	D TBG TO 11,235'. TIH W/ 3 VELL TO PRODUCTION 08/28	2" X 1–1/4" X 24' RHBM /91.	PUMP. TEST TO		
		be			
18. I hereby certify that the foregoing is t SIGNED <u>KCXQ.n.n.</u>	TITLE	PRODUCTION ASST	DATE	03/12/92	
(This space for Federal or State office	use)				
APPROVED BY	TITLE		DATE		

\*See Instructions on Reverse Side

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