Form 3160–5	UNITED STATES			CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED		BLM Roswell District Modified Form No. NM060-3160-4					
(July 1989) (For <b>merly 9-331)</b>		OF LAND MANAGE		(Other instructions on reverse side)		5. LEASE DESIGNATION AND SERIAL NO. NM-0997					
SUNE Do not use this	form for proposals	CES AND REP to drill or to deepen c N FOR PERMIT-" for suc	or plug back to	WELLS a different reservoir.		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME				
						7. UNIT AGREEMENT NA	ME				
WELL MELL OTHER						8. FARM OR LEASE NAM	ε				
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY						QUERECHO					
		9. WELL NO.									
3. ADDRESS OF OPERATOR	TX 79710-18	915-688-6906	Ì	1							
<ul> <li>LOCATION OF WELL (Report location plearly and in accordance with any State requirements.*</li> <li>See also space 17 below.)</li> </ul>						10. FIELD AND POOL, OR WILDCAT SOUTH CORBIN WOLFCAMP					
At surface K, 1980' FSL & 1980' FWL						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA					
						28, T-18-S, R-					
14. PERMIT NO.		15. ELEVATIONS (She	ow whether DF,	RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE				
		3783.3' GR				LEA	N.M.				
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data											
	NOTICE OF INTENTIO	ON TO:		SUB	SEQUEN	IT REPORT OF:					
	. [7]	PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING W	ELL				
TEST WATER SHUT-OF		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CA	SING				
FRACTURE TREAT	X	ABANDON*		SHOOTING OR ACIDIZING		ABANDONME	чт <del>*</del>				
REPAIR WELL		CHANGE PLANS		(Other)							
(Other) ADD WO			x	(NOTE: Report res Completion or Re-	uits of comple	multiple completion on ation Report and Log for	well m.)				
17. DESCRIBE PROPOSED posed work. If w work.)*	OR COMPLETED OF vell is directionally	y drilled, give subsurfac	e locations and	ails, and give pertinent dates, measured and true vertical de 8 HOLES. 5-1/2" CSG	pure :						
HOLE PAY 1,30 DRILL OUT CEME REVERSE THE RE	0'-11,420' NT TO 11,42( MAINING ACID SWAR/ELOW	0'. SPOT 200 GA . SET THE TREAT ( TEST WELL BEC	LLONS OF 1 ING PACKER	5% NEFE HCL ACIID FR AT 11,250'. STIMUL ES-VOLUMES-CUTS. I TAC AT 11,090'. PUT	OM 1 ATE KILL	1,400' TO 11,32 WITH 10,500 GAI WELL. RELEASA	6'. LONS OF E PACKER				

~-..

<ol> <li>I hereby certify that the foregoing is true and correct SIGNED</li></ol>	TITLE	PRODUCTION ASSISTANT	DATE	9-23-91
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	1014/91

## \*See Instructions on Reverse Side