CONTACT RECEIV!

**BLM Roswell District** 

Form 3160-5 UNITED STATES (July 1989) (Formerly 9-331)  BUREAU OF LAND MANAGEMENT		OFFICE FOR NUMBE. OF COPIES REQUIRED (Other instructions on reverse	Modified Form No. NM060-3160-4  5. LEASE DESIGNATION AND SERIAL NO. NM-0997		
		side)			
(Do not use this form for prope	TICES AND REPORTS O	N WELLS to a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
1. OIL SA GAS WELL OTHER  2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  QUERECHO		
					SOUTHLAND ROYALTY COMPANY
3. ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO.					9. WELL NO.
P.O. Box 51810, Midland, TX 79710-1810		915-688-6906	2	2	
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*</li> <li>See also space 17 below.)</li> <li>At surface</li> </ol>			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		
660' FSL & 1980' FWL					
14. PERMIT NO. 15. ELEVATIONS (Show whether		F, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
	3780' GR		LEA	N.M.	
	Appropriate Box To Indicate	Neture of Notice Depoi	rt or Other Data		
16. Check	••	•	ENT REPORT OF:		
NOTICE OF INTE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON** CHANGE PLANS	SUBSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results		T' Well	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) CLEAN UP PARAFF  17. DESCRIBE PROPOSED OR COMPLETE posed work. If well is directio work.)*	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON** CHANGE PLANS	SUBSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results Completion or Recompleted of Recompleted of Recompleted and true vertical depths	REPAIRING WE ALTERING CAS ABANDONMEN  of multiple completion on pletion Report and Log for	Well m.)	

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