N. M. OIL CONS. COMPANIE Form approved. Budget Bureau No. 1004-0135 Form 3160-5 UILLIED STATESON SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR (Other Institutions on re-UILLIED STATESOX 1 (1) (November 1983) Expires August 31, 1985 (Formerly 9-331) 5. LEASE DESIGNATION AND SERIAL NO. BUREAU OF LAND MANAGEMENT 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS the not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT" for such proposals.) 7. UNIT AGREEMENT NAME WELL SAR OTHER NAME OF OPERATOR S. PARM OR LEASE NAME Southland Royalty Company West Corbin Federal ADDRESS OF OPERATOR 9. WBLL NO. 21 Desta Drive, Midland, Texas 79705
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) 10. FIELD AND POOL, OR WILDCAT South Corbin (Wolfcamp) 660' FSL & 1980' FEL, Sec. 18, T18S, R33E 11. SHC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 18, T18S, R33E 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 11. PERMIT NO. 12. COUNTY OR PARISH | 13. STATE Approved 1/31/89 3843' GR NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF : WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MELTIPLE COMPLETE PRACTURE TREATMENT SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (Norz: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17 DESCRIBE CROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and gones pertinent to this work.) * Set 5 1/2" csg. @ 11,450'. Cmt w/ 850 sx Class "H". 10/14/89 P.D. @ 7:15 p.m. Circ. DV Tool @ 8,000'. Cmt. w/620 sx 50-50 Lite & 100 sx Class "H". P.D. @ 3:10 a.m. (10/15/89).

*See Instructions on Reverse Side

TITLE

Sr. Staff Env./Reg. Spec.

18. I hereby certify that the foregoing is true and correct

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

SIGNED - toliell

APPROVED BY

CAR DEAD, THE MEDIT

- DATE

10/20/89