Form 3160-5 (July 1989)

UNI'I ED STATES

CONTACT RECEIVE OFFICE FOR NUMBER OF COPIES REQUIRED BLM Roswell District Modified Form No. NM060-3160-4

(Other instructions on reverse LEASE DESIGNATION AND SERIAL NO. DEPARTMENT OF THE INTERIOR side) (Formerly 9-331) BUREAU OF LAND MANAGEMENT IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do 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.) UNIT AGREEMENT NAME GAS WELL WELL X FARM OR LEASE NAME NAME OF OPERATOR 2. West Corbin Federal Southland Royalty Company 3a. AREA CODE & PHONE NO. WELL NO. ADDRESS OF OPERATOR 21 915-686-5600 21 Desta Dr., Midland, TX 79705 10. FIELD AND POOL, OR WILDCAT LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* South Corbin (Wolfcamp) See also space 17 below.) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA At surface 1980'FNL & 510' FWL Sec. 18, T18S, R33E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. NM Lea 3843' GR. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE (Other) Set & Cement Casing X CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) REPAIR WELL (Other) 17. DESCRIBE PROPOSED 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 zones pertinent to this work.) Set 8-5/8" 24# K-55 ST&C csg @2850'. Cmt w/1000 sx Class C Lite + 15 pps salt + 1/4 pps celloflake and 250 sx Class C + 2% calcium chloride. Plug down @0440 hrs MST on 12/07/90. Circulated 70 sx. 10th 18. I hereby certify that the foregoing is true and correct Sr. Staff Env./Reg. Spec. 07 December 1990 DATE TITLE (This space for Federal or State office use) DATE TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: