N. M. DIL CONS. COMMISSION ... **BLM Roswell District** Modified Form No. UNIT STATESO. BOX 1980FICE FOR NUMBER OF COPIES REQUIRED Form 3160-5 NM060-3160-4 DEPARTMENT OF THE THE THE STATE OF THE STATE (July 1989) LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT 023383-01 / 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.) (1)16 : 6 190; 7. UNIT AGREEMENT NAME WELL X OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR LANGERRALE STATE West Corbin Federal Southland Royalty Company 3a. AREA CODE & PHONE NO. WELL NO. ADDRESS OF OPERATOR 19 915-688-6800 P.O. Box 51810, Midland, TX 79710-1810 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) North Young (Bone Spring) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R33E ((nit) 660' FNL & 330 FWL Sec.7, T18S, R33E COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO WATER SHUT-OFF REPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF FRACTURE TREATMENT ALTERING CASING MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE (Other) REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (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 5-6-93 - MIRU. POH Sub pump. TIH w/DCS & bit. 5-7-93 - Drill CIBP @ 8530'. Push to 9200'. TOH. Perforate TIH. 5-8-93 - Stimulation - acdz w/4500 gals. Pentol-250. Swab. TOH. THE TO TO SEE THE 5-9-93 - Land bottom of pump @ 8502'. Turn to production.

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

SIGNED Production Assistant

OATE 5-11-93

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

