Form 3160-5 (July 1989)		UNITEL TATE	TERIOR	CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions on rever: side)	se 5. LEA	BLM Roswell District Modified Form No. NM060-3160-4 5. LEASE DESIGNATION AND SERIAL NO.			
(Formerly 9-331)		J OF LAND MANAGE				0997			
SUNI (Do not use this	form for proposi	ICES AND REP als to drill or to deepen of ION FOR PERMIT-" for suc	or plug back to	a different reservoir.					
1. OIL GAS WELL X WELL					7. UNI	T AGREEMENT NAM	IE		
2. NAME OF OPERATOR	OTHER		<u> </u>		8. FAF	RM OR LEASE NAME			
Southland Royalt	y Company	_		Uncl	Uncle Com . Federal Cam				
3. ADDRESS OF OPERATOR	3			3a. AREA CODE & PHONE NO.	9. WE	LL NO.			
21 Desta Dr.,				915/686-5600	3	3			
See also space 17	Report location below.)	clearly and in accordance	requirements.*	10. FIELD AND POOL, OR WILDCAT South Corbin (Wolfcamp)					
At surface 1874' FNL & 208	6' FEL					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
1014 THE Q 200		mit G							
	U					. 28, T18S,	13. STATE		
14. PERMIT NO.	<u></u>	15. ELEVATIONS (Shi 3817' GR.	ow whether DF,	RT, GR, etc.)	Lea	UNIT ON PANISH	NM		
Approved 3/15/			- Indianta	Natura of Nation Ro)ther Data	<u></u>		
16.	Check A	Appropriate Box 1	o indicate	Nature of Notice, Rep					
	NOTICE OF INTENT	NON TO:		SUBS	EQUENT REPOR	T OF:			
TEST WATER SHUT-OF	F	PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WE			
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CAS			
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMEN	<u> </u>		
REPAIR WELL		CHANGE PLANS		(Other) Set & Cmt C (NOTE: Report resu	ilts of multiple	f multiple completion on Well			
(Other)				Completion or Rec tails, and give pertinent dates,					
posed work. If w work.)*	K-55 STC	lly drilled, give subsurfac	e locations and 1075 :	measured and true vertical deposition of the second	salt + $1/4$	4#/sx Cellofi	ake & 200		
				ACCEPTED I Ade					
				CARLSBAD					
				GRACOURU		MARKE			

SIGNED SIGNED SIGNED	TITLE	Sr. Staff Env./Reg. Spec.	DATE	16 April 1990
(This space for Federal or State office use)				
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	

*See Instructions on Reverse Side