| Form 3160-5   | UNITL STATES  | UNITL STATES                     |  | Modifie                                    | BLM Roswell District Modified Form No. NM060-3160-4                                       |                                 |  |
|---|---|----------------------------------|--|--|---|---------------------------------|--|
| (July 1989) (Formerly 9-331)  DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEMENT   |   |                                  | OF COPIES REQUIRED (Other instructions on revers side)               | 5. LEASE DES                               | 5. LEASE DESIGNATION AND SERIAL NO. NM-93   |                                 |  |
| (Do not use this form for prog  | TICES AND REPOR   | ug back to                       | I WELLS<br>a different reservoir.                                    | 6. IF INDIAN,                              | ALLOTTEE OR T   | RIBE NAME                       |  |
| 1.  |   | <u></u>                          |  | 7. UNIT AGRE                               | EMENT NAME  |                                 |  |
| OIL X GAS WELL OTHE   | R   |                                  |  | 8. FARM OR I                               | EASE NAME   |                                 |  |
| Southland Royalty Company   |   |                                  |  |  | West Corbin Federal   |                                 |  |
| 3. ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO.  |   |                                  |  |  | 9. WELL NO.   |                                 |  |
| 21 Desta Dr., Midland, TX 79705 915-686-5600  |   |                                  |  |  | 24  |                                 |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface |   |                                  |  | West Co                                    | 10. FIELD AND POOL, OR WILDCAT  West Corbin (Delaware)  11. SEC., T., R., M., OR BLK. AND |                                 |  |
| 1800' FNL & 2150' FEL   |   |                                  |  |  | YOR AREA  | <b>M</b> D                      |  |
|   |   |                                  |  | Sec. 18,                                   | T18S, R3  | 3E                              |  |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether   |   |                                  | RT, GR, etc.)  | 12. COUNTY C                               | R PARISH 1  | 3. STATE                        |  |
| Approved 4/24/90  | 3846' GR.   |                                  |  | Lea  | N   | <u> M</u>                       |  |
| 16. Check   | Appropriate Box To I  | ndicate                          | Nature of Notice, Rep  | ort, or Other                              | Data  |                                 |  |
| NOTICE OF INTENTION TO:   |   |                                  |  | EQUENT REPORT OF:                          | ENT REPORT OF:  |                                 |  |
| TEST WATER SHUT-OFF   | PULL OR ALTER CASING  | 7                                | WATER SHUT-OFF   | RE   | PAIRING WELL  |                                 |  |
| FRACTURE TREAT MULTIPLE COMPLETE  |   | 7 1                              | FRACTURE TREATMENT   | AL   | ALTERING CASING   |                                 |  |
| SHOOT OR ACIDIZE  | ABANDON*  |                                  | SHOOTING OR ACIDIZING  | 1 1  | ANDONMENT*  |                                 |  |
| REPAIR WELL   | CHANGE PLANS  | <b>]</b> [                       | (Other) Set & Cmt 5  | 1/2" Csg.                                  | -lesine on Well   | <u> </u>                        |  |
| (Other)   |   | _] [                             | Completion or Reco   | its of multiple com<br>ompletion Report an | d Log form.)  |                                 |  |
| 17. DESCRIBE PROPOSED OR COMPLET posed work. If well is directi work.)*   | ED OPERATIONS (Clearly state all onally drilled, give subsurface lo | pertinent de<br>cations and      | tails, and give pertinent dates, i<br>measured and true vertical dep | including estimated oths for all markers   | date of starti-<br>and zones p  | ng any pro-<br>entinent to this |  |
| Set 5 1/2" csg @5550'.<br>Class C w/5# salt per sx  | Cmt w/950 sx Class C<br>. P.D. @2045 hrs on 5,                      | Lite + 1 <sup>°</sup><br>/09/90. | 1# per sx salt + 1/4#  | per sx Flocele                             | e. Tail w/  | 265 sx                          |  |
|   |   |                                  |  |  | CARLA H   | E RE                            |  |
|   |   | ΑÇ                               | CEPTED FOR RECOR   | 10   |   | CEIVED                          |  |
|   |   | <u> </u>                         | RISBAD, NEW MEXI   | <u>co</u>                                  |   |                                 |  |
| 18. I hereby certify that the foregoin  | g is true and correct   | •                                | ,  |  | 47.14   | 1000                            |  |
| SIGNED POLISTE  | Stook X ALL TITLE   | Sr                               | . Staff Env./Reg. Spec   | DATE                                       | 1/ Ma   | y 1990                          |  |

## \*See Instructions on Reverse Side

\_\_ TITLE \_\_

DATE \_

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: