orm 3160-5 (July 1989)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

## UNIT STATES DEPARTMENT OF THE INTERIOR

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions on revenue BLM Roswell District 1: 12 Modified Form No.

NM060-3160-4

LEASE DESIGNATION AND SERIAL NO. side) (Formerly 9-331) BUREAU OF LAND MANAGEMENT LC-064944 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.) 7. UNIT AGREEMENT NAME WELL X OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR Federal "MA" Southland Royalty Company 3a. AREA CODE & PHONE NO. WELL NO. 9. ADDRESS OF OPERATOR 915-6867-5600 7 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.\* West Corbin (Delaware) See also space 17 below.) At surface SEC., T., R., M., OR BLK. AND SURVEY OR AREA 530' FNL & 530' FEL unit A Sec. 21, T18S, R33E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. Lea NM 3868' 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 TEST WATER SHUT-OFF PULL OR ALTER CASING ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ARANDONMENT<sup>4</sup> SHOOTING OR ACIDIZING ABANDON\* SHOOT OR ACIDIZE (Other) Set & cement casing 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 pro posed work, if well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this Spud well @1700 hrs. on 8/21/90. Set 8-5/8" csg @400'. Cmt w/325 sx Class C w/2% CaCl2 + 0.25 pps Flocele. Circ. 100 sx. PD @0900 hrs. Set 5-1/2" csg @5495'. Cmt w/1850 sx Class C Lite + 9 pps salt, 1/4 pps Flocele & tailed w/250 sx Class C + 5 pps salt. PD @1045 hrs on 9/02/90. Circ. 25 sx. GEP "H" FH that the foregoing is true and 18. I hereby certify 17 September 90 Sr. Staff Env./Reg. Spec. DATE TITLE SIGNED (This space for Federal or State office use)

TITLE

DATE