BLM Roswell District CONTACT RECEIVING OFFICE FOR NUMBER Modified Form No. Form 3160-5 UNI STATES NM060-3160-4 OF COPIES REQUIRED (July 1989) (Other instructions on reverse DEPARTMENT OF THE INTERIOR LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT LC-069420 6. 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 GAS WELL OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR West Corbin Federal Southland Royalty Company 3a. AREA CODE & PHONE NO. WELL NO. ACDRESS OF OPERATOR 915-686-5600 25 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.* See also space 17 below.) South Corbin (Wolfcamp) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 510' FSL & 695' FWL Sec. 7, T18S, R33E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 3866' GR. NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REPAIRING WELL TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* 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 proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this 1/06/91-- Set 13-3/8" csg @386'. Cmt w/400 sx Class C + 2% calcium chloride + 1/4 #/sx Cello-Seal. Circulate 70 sx. Ve-18. I hereby certify that the foregoing is true and correct Sr. Staff Env./Reg. Specialist 16 January 1991 DATE SIGNED (This space for Federal or State office use)

DATE

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: