Form 3160-5 (July 1989)

UNITED STATES

CONTACT RECEIVING OFFICE FOR NUMBER OF OPPES PER UTITED

BLM Roswell District Modified Form No. M060-3160-4

LEGE DESIGNATION AND SERIAL NO. DEPARTMENT THE INTERIOR sidep. O. BOX 1980 (Formerly 9-331) BUREAU OF LAND MANAGEMENT LC-064944 HOBBS, NEW MEX 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.) UNIT AGREEMENT NAME OIL X GAS WELL OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR Federal MA #6 Southland Royalty Company 3a. AREA CODE & PHONE NO. 9. WELL NO. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810 915-688-6800 30-025-31492 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) South Corbin (Wolfcamp) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA H, 2062' FNL & 769' FEL Sec. 21, T18S, R33E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. NM Lea 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 TEST WATER SHUT-OFF PULL OR ALTER CASING ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT FRACTURE TREAT SHOOTING OR ACIDIZING ABANDONMENT* ABANDON* SHOOT OR ACIDIZE (Other) paraffin clean out 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 5-24-93 - MIRU coil tbing unit. Pmp 1500 gals. AE Aromatic & 3000 gals. Pentol 250 (15% NEFe) into perfs (11150-11342'). Flush w/2% KCL containing surfactant. Turn to production.

foregoing is true and correct 18. I hereby **Production Assistant** 5-25-93 DATE SIGNED (This space for Federal or State office use) DATE TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: