

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
NM OIL & GAS COMMISSION
Bureau ID

Form approved.
Budget Bureau No. 1004-0133
Expires August 31, 1985

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY JUL 31 1985 O. C. D.	5. LEASE DESIGNATION AND SERIAL NO. NM-25336
2. NAME OF OPERATOR Exxon Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1497' FSL and 551' FEL of Section (NE SE)		8. FARM OR LEASE NAME Leggett Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4480' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Undesignated Little Box Canyon-Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T20S, R21E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Casing <input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 work.)

6-15-85: Set 5", P110, LTC at 8375'. Cemented 1st stage with 500 sx ClH & 2nd stage with 950 sx ClC. Tested csg. to 2000#.
FRR 6-16-85.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Unit Head

DATE 7/25/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 30 1985

*See Instructions on Reverse Side