

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

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in re

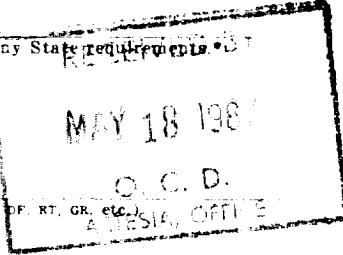
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

257

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-060572A
2. NAME OF OPERATOR Exxon Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 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: 2291' FSL and 483' FWL of Sec. 8	8. FARM OR LEASE NAME Big Eddy Federal
	9. WELL NO. 100
	10. FIELD AND POOL, OR WILDCAT Undesignated - Bone Springs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T21S, R28E
14. PERMIT NO. 30-015-24824	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether OF, RT, GR, etc.) GR - 3178	13. STATE NM



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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) \*

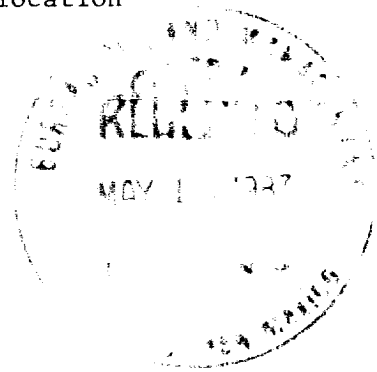
- 5-5-87 Set CIBP @ 2850'  
Spot cmt. plug from 2850' - 2525' w/ 35 sx. cmt.
- 5-6-87 Displaced csg. w/ salt mud  
Perf. 5 1/2" casing @ 400' w/ 4 shots  
Plug 5 1/2" x 8 5/8" annulus from 400' to surf w/ 115 sx. cmt.  
Plug 5 1/2" casing from 50' to surf w/ 50 sx. cmt.  
Cut off casings, weld on dry hole marker, and clean location

ACCEPTED FOR RECORD

MAY 14 1987

SJS

CARLSBAD, NEW MEXICO



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

SIGNED David A. Murray TITLE Permits Supervisor DATE 5-11-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Post ID-2  
5-21-87  
P4A