

COMMISSIONED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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

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Artesia, NM 88210

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"/>	2. NAME OF OPERATOR Exxon Corporation	3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FWL and 2912.3' FNL of Sec. 1 (NE/SW)	5. LEASE DESIGNATION AND SERIAL NO. NM-40256	6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	7. UNIT AGREEMENT NAME --	8. FARM OR LEASE NAME Stott Federal	9. WELL NO. 3	10. FIELD AND POOL, OR WILDCAT Undesig. - Bone Spring	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-21S-27E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3183' GR											

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"/>
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 PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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) Set Casing	<input type="checkbox"/>		<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.) *

7-13-84 Spud 17-1/2" hole @ 1630 hrs.

7-14-84 Set 15 jts. 13-3/8"/68#/K55 csg. @ 604'. Cement w/ 300 sx Pacsetter Lite and 300 sx ClC. Circ 70 sx to reserve. WOC 21 hrs. before drill out. Test csg to 1000 psi for 30 min. Held OK.

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

SIGNED

TITLE

Unit Head

DATE

7-23-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

AUG 1 1984

*See Instructions on Reverse Side