

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

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

*C/SF*

5. LEASE DESIGNATION AND SERIAL NO.

NM-0426782

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Mary Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Wildcat - *Unusual*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 11 - 23S - 25E

**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  GAS WELL  OTHER P & A - Fish In Hole

2. NAME OF OPERATOR  
Exxon Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 1600, Midland, TX 79702

RECEIVED BY  
SEP 24 1984  
O. C. D.  
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any STATE requirements.\* See also space 17 below.)  
At surface  
1925' FNL and 810' FEL of Section (SE/NE)

14. PERMIT NO.  
30-015-24242

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3738.4' GR

12. COUNTY OR PARISH  
Eddy

13. STATE  
New Mexico

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 checked="" type="checkbox"/>
REPAIR WELL (Other) <input type="checkbox"/>	CHANGE PLANS <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) <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.)\*

8-8-84 Spud 12-1/4" hole @ 1130 hrs.

8-14-84 Set 34 jts. 8-5/8"/K55/24# csg. @ 1432'. Cement w/ 836 sx Pacsetter lite. Did not circ. to surface. Ran 1" to 440'. Cement w/ 300 sx ClC. Circ. to surface. WOC. 58 hrs. before drill out. Test casing to 1000 psi for 30 min. Held OK.

8-19-84 Set lost circ. plug @ 1750' w/ 300 sx ClH and @ 1640' w/ 200 sx ClC. Could not pull all of the drill pipe.

Fish in hole consists of 468' of drill pipe @ 1169 - 1638. Wash over fish. RU wireline. Fire two rattle shots @ 1355 - 1453 and 1255 - 1355. Rec. 2 jts. TOF @ 1233. Milling. Set plug @ 1183' - 1233' w/40 sx ClC and 0 - 50' w/ 40 sx ClC on 8-25-84. Will skid rig 15' NW to Mary Federal 3Y.

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

SIGNED Melba Knippling TITLE Unit Head DATE 9-11-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 9-21-84

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side