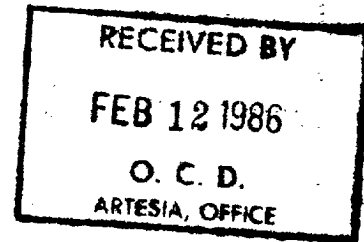


February 7, 1986

Laxon Corporation
P. O. Box 1600
Midland, TX 79702



Gentlemen:

Your application for Permit to Drill, Deepen, or Plug back (APD) for well Pioneer Federal No. 3, Lease No. NM-20965, to O FSL and 1980 FSL, Sec. 17, T26S, R30E, has been cancelled. The APD is considered expired if drilling activity has not commenced within one year after approval. Should you desire to drill this well at a later date, you will be required to resubmit the proper forms for approval.

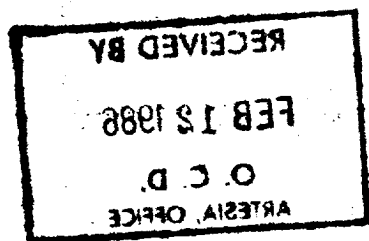
Sincerely,

A handwritten signature in cursive script, appearing to read "Charles S. Vanlen".

Charles S. Vanlen
Area Manager

cc: RDO
NMSU (Micrographics)
NMOCD (Artesia)

067:GWQueen:cq:2/7/86



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

c/35F

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"/>		NOV 18 1985		5. LEASE DESIGNATION AND SERIAL NO. NM-20965	
2. NAME OF OPERATOR Exxon Corporation ✓		Attn: Melba Knippling ARTESIA, OFFICE		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 660' FSL and 1980' FEL of Section				8. FARM OR LEASE NAME Pioneer Federal	
				9. WELL NO. 6	
				10. FIELD AND POOL, OR WILDCAT Wildcat - Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-26S-30E	
14. PERMIT NO. 30-015-24853		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3118' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☒

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

Cancel Permit

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.) *

Well will not be drilled.

Post ID-2
11-22-85
Exp. Int.

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

SIGNED <u>[Signature]</u>	TITLE <u>Unit Head</u>	DATE <u>11-11-85</u>
(This space for Federal or State office use)		

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side