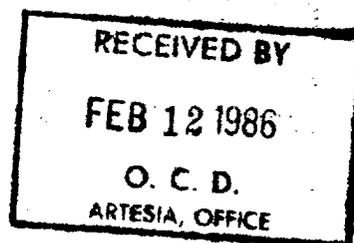


February 7, 1980

Lxon 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-20065, 660 FSL and 1980 PCL, 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. Banlen".

Charles S. Banlen
Area Manager

cc: RDO
NMSU (Micrographics)
NMOCD (Artesia)

067:GWQueen:cq:2/7/80

RECEIVED BY
FEB 13 1988
O. C. D.
ARLESIA, OFFICE

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/SF

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.)

NOV 18 1985
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. NM-20965

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

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

12. COUNTY OR PARISH: 13. STATE
Eddy NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR Exxon Corporation ✓ Attn: Melba Knippling

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 660' FSL and 1980' FEL of Section

14. PERMIT NO. 30-015-24853 15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3118' 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) _____	
(Other) <input type="checkbox"/>	Cancel Permit <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.)*

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 [Signature] TITLE Unit Head DATE 11-11-85

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side