

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-032233A

6. IF INDIAN ALLOTTEE OR TRIBE NAME

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

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

330' FSL and 660' FEL of the Section.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bowers A Federal

9. WELL NO.

30

10. FIELD AND POOL, OR WILDCAT

Hobbs Blinebry

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

Sec. 30, T18S, R38E

14. PERMIT NO.

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

3653-DF

12. COUNTY OR PARISH 13. STATE

Lea

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

(Other) Temporarily Abandoned

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

Suspend production of this well due to economic reasons.

RECEIVED

SEP 17 1986

HOBBS, NEW MEXICO

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

SIGNED Thomas C. Boehm TITLE Accountant

DATE 9-19-86

(This space for Federal or State office use)

APPROVED BY Acting Area Manager

TITLE

DATE 1-12-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side