

BLP - 000000

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE L.C. - 04874(A) ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME L.C. FOPEANO FED A/C 1

9. WELL NO. 4 ✓

10. FIELD OR WILDCAT NAME EDMONT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 26 T-20-S, R-36-E

12. COUNTY OR PARISH LEA 13. STATE N.M.

14. API NO. _____

15. ELEVATIONS (SHOW DF, (KDB), AND WD) 3564

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR EXXON CORPORATION ✓

3. ADDRESS OF OPERATOR P.O. Box 1600, MIDLAND, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 660' FSL AND 660' FEL OF SEC.
 AT TOP PROD. INTERVAL: _____
 AT TOTAL DEPTH: _____

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input checked="" type="checkbox"/>

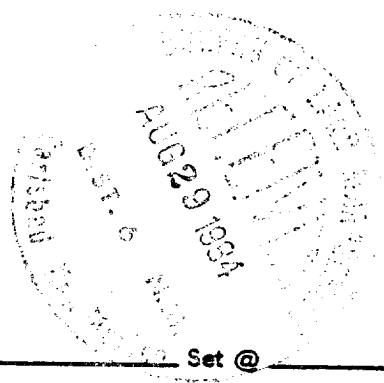
(other) TEST INTEGRITY OF DOWNHOLE EQUIP.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

1. PULLED RODS AND TUBING.
2. SET CIBP AT 3000' - TEST TO 500' - HELD O.K. PLACE 35' CMT PLUG ON TOP OF BP.
3. RIH W/TBG - CIRC HOLE PACKER FLUID.
4. WELL CAPPED.
5. TEMPORARILY ABANDON.

APPROVED FOR 12 MONTH PERIOD
ENDING 2/1/85



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED A. F. Howe TITLE SR ADMIN DATE 8-28-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE CARLEBOO RECORDS DATE 2-5-85
CONDITIONS OF APPROVAL, IF ANY: _____

RECEIVED

FEB - 6 1985

O.C.B.
HOBBS OFFICE