

**UNIT. STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLIC**  
(Other instructions on  
reverse side)

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

3. LEASE DESIGNATION AND SERIAL NO.

LC-065455

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wantz Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Wantz-Abo

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

Sec. 1, T21S, R37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

3100' FSL & 2180' FEL of Sec. (SW NE)

14. PERMIT NO.

30-025-29597

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

3541' 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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) \_\_\_\_\_

Casing

(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.)\*

On 5-20-86 set 5½", 17 & 14# casing at 7805'. Cemented w/ 2000 sx H-Lite & 400 sx ClC. Released rig 5-19-86. On 5-21-86 tested BOP and casing to 1000# - OK.

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

SIGNED

*Melba Knippling*

TITLE

Section Head

DATE

5-23-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**