

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back in 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"/>		RECEIVED BY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Exxon Corporation		AUG 23 1984		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702		O. C. D.		8. FARM OR LEASE NAME Burton Flat Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 660' FEL of Sec.		ARTESIA, OFFICE		9. WELL NO. 1
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3238' GR		10. FIELD AND POOL, OR WILDCAT Wildcat (Delaware)
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-20S-28E
				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 PLANS

(Other) Renew 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.)*

Our permit to drill the subject well will expire 8-30-84. Please renew this permit for 60 days.

18. I hereby certify that the foregoing is true and correct		Unit Head		8-27-84
SIGNED	<i>Debra Knippling</i>	TITLE		DATE
(This space for Federal or State office use)				
APPROVED BY	<i>Carlson</i>	TITLE	AREA MANAGER CARLSBAD RESOURCE AREA	DATE 8-22-84
CONDITIONS OF APPROVAL, IF ANY:				

*See Instructions on Reverse Side