Form 3160-5

UNITED STATES

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FORM APPROVED

(June 1990)	DEPARTMEN BUREAU OF 1	_	Budget Bureau No. 1004-0135 Expires: March 31, 1993 Lease Designation and Serial No.				
Do not use thi	ं राज तेता 'ध	LC-032233A 5. If Indian, Allottee or Tribe Name					
		7. If Unit or CA, Agreement Designation					
I. Type of Well Oil Well V		Bowers A Federal Well Name and No.					
2. Name of Operator EXXON 3. Address and Teleph	9	30 API Well No.					
P.O. 4. Location of Well (F		D. Field and Pool, or Exploratory Area Hobbs Blinebry L. County or Parish, State					
	L & 660 ³ FEL, Sec 3				Lea, NM		
	CK APPROPRIATE BOX	s) TO INDICAT		 	, OR OTHER DATA		
TYPE	OF SUBMISSION	F	TYPE O	F ACTION			
₩.	tice of Intent		Abandonment Recompletion Plugging Back Casing Repair		Change of Plans New Construction Non-Routine Fracturing Water Shut-Off		
Fin	al Abandonment Notice		Altering Casing Other		Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)		
CORRECTED REP	ORT: S Class "C" W/ 2% C	·	is and zones perment to this work.				
7-26-90 7-27-90 7-28-90 7-30-90	7-27-90 4632-3364' 70 sx cmt, 2711-2489' 15 sx cmt. 7-28-90 Tag plug @ 2528', cut off 4-1/2 csg @ 1500', perfd 8-5/8" csg w/ 1485'. could not pump into perfs @ 1485'. Spot 77 sx plug from 1500-1385'. Displace hole w/ salt gel. Shot 4 perfs @ 450'.						
8-4-90	Cleaned up locati	on.					
	on B. AmlinSharon	B. Timlin	Staff Office A	ssistant	8-27-90		
(This space for Fed Approved by Conditions of appr	deral or State office use)	Title	F		Date <u>G - 7 GC</u>		
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Title 18 USCC Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations, as so any matter within its jurisdiction.