

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

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

c/sf

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. NM 14847
2. NAME OF OPERATOR Exxon Corporation Attn: Janet L. Schaumburg		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		8. FARM OR LEASE NAME P.P.C. Fed Com
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL and 525' FWL of Sec. 7 (SW NW)		9. WELL NO. 1
14. PERMIT NO. 30-015-25628		10. FIELD AND POOL, OR WILDCAT ndes. South Empire-Morrow
15. ELEVATIONS (Show whether SP, BT, GR, etc.) 3690' GL		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 7, T-17S, R-29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input checked="" type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

Change in intermediate casing design: Originally intended to run 8 5/8" / 24 & 32#/ft., now intend to run 9 5/8" / 53.5#/ft. Hole size, setting depth and cmt. remain unchanged. Verbal Approval obtained from Jerry Queen 8-25-86.

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

SIGNED Janet L. Schaumburg TITLE Permits Supervisor DATE 8-26-86

(This space for Federal or State official use)

APPROVED BY Original TITLE DATE 9-3-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side