

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

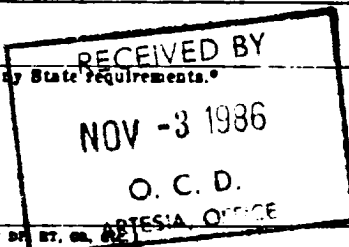
SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

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

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> DRY HOLE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Exxon Corporation		7. UNIT AGREEMENT NAME	
Attn: Janet L. Schaumburg		8. FARM OR LEASE NAME P.P.C. Fed. Com.	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		9. WELL NO. 1	
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)		10. FIELD AND POOL, OR WILDCAT Undes. South Empire-Morrow	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T17S, R29E		12. COUNTY OR PARISH Eddy	
13. STATE NM		14. PERMIT NO. 30-015-25628	
15. ELEVATIONS (Show whether by RT. OR. SURV.) 3690 GL		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	



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 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) Change of Operator <input checked="" 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.)			

10-3-86

Plugged wellbore back to intermediate casing shoe without setting production casing. Wellbore sketch attached. Beach Exploration has leased Mineral rights to the intermediate casing depth and has purchased this wellbore. Change of Operator effective at noon on 10-3-86.

18. I hereby certify that the foregoing is true and correct			
SIGNED <u>D. Schuman</u> for JLS	TITLE <u>Permits Supervisor</u>	DATE <u>10-9-86</u>	
<u>Janet L. Schaumburg</u>			
(This space for Federal or State office use)			
APPROVED BY <u></u>	TITLE <u></u>	DATE <u>10-3-86</u>	
CONDITIONS OF APPROVAL, IF ANY:			

\*See Instructions on Reverse Side