

Form 3160-5  
November 1983)  
Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse 6.0)

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

458

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 04175-R	
2. NAME OF OPERATOR Exxon Corporation Attn: Permits Supervisor		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1600, Midland TX 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2095' FSL & 992' FWL (NWSW)		8. FARM OR LEASE NAME Simon Federal Com.	
14. PERMIT NO. 30-015-26080		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3364 GR		10. FIELD AND POOL, OR WELL Wildcat	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T18S, R27E	
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.)		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED

JAN 12 '90

A.C.D.

ARTESIA, OFFICE

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)

8-11-89 Set CIBP @ 9390', cap w/ 20' cmt.

12-16-89 Set CIBP @ 9254'

12-18-89 Displace hole w/ 10#/bbl gelled brine, dump 15 sxs CLH on CIBP @ 9254'

Spot 25 sxs of CLH from 9010 - 8860

Spot 25 sxs of CLH from 8495 - 8345

Spot 25 sxs of CLH from 7965 - 7815

Spot 25 sxs of CLH from 7500 - 7350

Spot 25 sxs of CLH from 6225 - 6075

Perf 5 1/2" csg @ 2788, 1442, 411.

12-19-89 Set cmt. retainer at 2675 and pumped 50 sxs CLC from 2675 to 2788.

Set cmt. retainer at 1280. Pump 80 sxs of CLC from 1280 - 1442. Pump 100 sxs CLC from 411 - Surface.

Cut off wellhead and weld on Dry Hole Marker

Post ID-2  
1-26-90  
P+H

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

SIGNED

Stephen Johnson

TITLE Administrative Specialist

DATE 1-3-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Approved by \_\_\_\_\_  
Specialist  
Bureau of Land Management

\*See Instructions on Reverse Side