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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.

NM-055628 5

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.)

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

OIL WELL ☐	GAS WELL ☒	OTHER

2. NAME OF OPERATOR

Southern Union Exploration Company ✓

SEP 27 '90

8. FARM OR LEASE NAME

Exxon Federal

3. ADDRESS OF OPERATOR

1201 Elm Street, Suite 1900, Dallas, Texas 75270

O. C. D.

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement.
See also space 17 below.)
At surface

ARTESIA, OFFICE

660' FEL and 1980' FSL
Section 26, T20S, R25E

10. FIELD AND POOL, OR WILDCAT

W. Bubbling Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

26, T20S, R25E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3761' GL

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other)	
(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.) *

A.   Perforated from 10,046'-56', 10,088'-94', 10,100'-110', 10,134'-141'. Some of these perforations are reperforating existing pay.

B.   Acidized with 5000 gals of 5% HCL containing additives.

C.   Flowed and swabbed well. Unable to sustain an economic flow rate.

D.   Shut well in for evaluation.

Work performed 9/4/90 to 9/10/90.

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

SIGNED _____ TITLE ___V. P. - Operations___ DATE ___9/18/90___

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side