Form 3160-5 November 1983) Formerly 9-331)	ember 1983)					Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. NM-14747 6. IF INDIAN, ALLOTTEE OB TRIER NAME		
SUN (Do not use this	DRY NO	OTICES AND RID PROPERTY OF THE	PORIS O	N WELLS rk to a different reservoir. possis.)				
OIL CAB WELL WELL	GAB WELL X OTHER					7. UNIT AGREEMENT MAME		
2. NAME OF OPERATOR EXXOD C	Exxon Corp.					Panos Federal		
8. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						9. WELL NO.		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also apace 17 below.) At surface 1980 FNL & 660 FEL of Sec.						Antelope Sink (Strawn) 11. BEC., T., B., M., OR BLE. AND SURVEY OR AREA Sec. 1, T19S, R23E		
14. PERMIT NO.		15. ELEVATIONS (S	how whether DF, I	RT, OR, etc.)		2. COUPTY OR PARI	BE 13. STATE	
30-015-			GL-3815			Eddy	NM	
16.	Check	Appropriate Box To	o Indicate No	iture of Notice, Report	•			
	NOTICE OF IN			_	NEGDEREGI	T REPORT OF:		
TEST WATER SHUT-O	FF	PULL OR ALTER CASIS MULTIPLE COMPLETE	'°	WATER SHUT-OFF PRACTURE TREATMENT		REPAIRIN ALTERING		
BHOOT OR ACIDIZE		ABANDON®		SHOOTING OR ACIDIZIN	1-1	ABANDON	CENT*	
REPAIR WELL		CHANGE PLANS		(Other) Recomp1	ete to	Strawn multiple completion	on on Well	
7720'. Perf Ne HCl and f	7564 - Fracture est date ng from	7568 & 7623 - d w/ 30,000 ga d 10-1-85 - We	7631 w/ 6 ls. 50/50 11 flowed	queezed w/ 175 sx 57 shots. Acidiz CO ₂ & crosslinke for 8 hours and Ding pressure 175	zed w/ ed KCL produ	2436 gals. & 3000# sanced 112 MCF	15% nd.	
18. I bereby certify tha	t the foregoj	ng fo true and correct			-			
BIGNED ML	ba 7	nipling	TITLE U	nit Head		DATE	10-23-85	
(This space for Fed	eral or State	office use)			Y- 10			
APPROVED BY CONDITIONS OF A	PPROVAL, I	IF ANY:	TITLE			DATE		