

NM OIL CONS. COMMISSION I
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

45F

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Exxon Corporation</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface</p> <p>1497' FSL and 551' FEL of Section, (NE SE)</p> <p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4480' GR</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-25336</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----</p> <p>7. UNIT AGREEMENT NAME -----</p> <p>8. FARM OR LEASE NAME Leggett Federal</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Undesig.</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Little Box Canyon Sec. 22, T20S, R21E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>
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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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>	Casing	<input checked="" 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.) *

5-23-85 Set 8-5/8", 24#, K55 STC at 1642'. Cemented w/900 sx C1C.
Circulated cement to surface. Tested csg. to 1200#.
Waited 42 hours before drill out.

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

SIGNED Melba Kripling TITLE Unit Head DATE 9-18-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 30 1985

*See Instructions on Reverse Side