

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | RECEIVED BY | | 5. LEASE DESIGNATION AND SERIAL NO. NM-26057 | |
| 2. NAME OF OPERATOR Exxon Corporation | | AUG 08 1985 | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME ----- | |
| 3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702 | | O. C. D. | | 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 | | ARTESIA OFFICE | | 8. FARM OR LEASE NAME Altwein Federal Com. | |
| 1980' FNL & 1980' FWL of Sec. (SE NW) | | | | 9. WELL NO. 1 | |
| 14. PERMIT NO. 30-015-25286 | | 15. ELEVATIONS (Show whether DF, HT, GR, etc.) 3866' GR | | 10. FIELD AND POOL, OR WILDCAT Undesignated Antelope Sink - Morrow | |
| | | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-T19S-R23E | |
| | | | | 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 <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) <input type="checkbox"/> | (Other) <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.)*

- 6-18-85 Set 13-3/8", 54.5#, K55 Buttress at 309'. Cemented w/475 sx ClC. Cemented thru 1" annulus w/200 sx ClC. TOC-45'. ran 1" back in hole & cmt. w/200 sx ClC. TOC-15'. Ran 2" line and pumped 120 sx ClC down backside. TOC-surface. Tested to 1000 psi. WOC 25-1/4 hours before drilling.
- 6-22-85 Set 8-5/8", 24#, K55 STC at 1671'. Cemented w/1000 sx ClC. Tested to 3000 psi. WOC 22-3/4 hrs. before drilling. T.O.C.-surface.
- 7-12-85 Set 5-1/2", 17 & 15.5#, K55 LTC & 14# K55 STC at 8502'. Cemented 1st stage w/1200 sx ClH & 300 sx ClC -- 100% returns. Cemented 2nd stage w/700 sx ClC-100% returns. Circ. 74 sx to surface. Tested 1st stage to 1200 psi & 2nd stage w/2400 psi. FRR 7/13/85

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

SIGNED Melba J. Simpson TITLE Unit Head DATE 8/1/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 6 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO