

RECEIVED BY OCT 29 1985
UNED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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...
O.C.D. Use "APPLICATION FOR PERMIT" for such proposals.)

ARTESIA, OFFICE
NAME OF OPERATOR
Exxon Corp.
ADDRESS OF OPERATOR
P.O. Box 1600, Midland, Texas 79702
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FSL & 1980' FWL of Sec (NW SE)
PERMIT NO. 30-015-25404
ELEVATIONS (Show whether DR, RT, GR, etc.)
3887' GR
LEASE DESIGNATION AND SERIAL NO.
NM-26057
IF INDIAN, ALLOTTEE OR TRIBE NAME
UNIT AGREEMENT NAME
FARM OR LEASE NAME
Altwein "B" Federal Com
WELL NO.
1
FIELD AND POOL, OR WELL AT
Undesig. Antelope Sink
(Morrow)
SEC. T. R. M. OR BLK. AND
SURVEY OR AREA
Sec. 12-T19S-R23-E
COUNTY OR PARISH
Eddy
STATE
NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
TEST WATER SHUT-OFF
FRACTURE TREATMENT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
REPAIR OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGING PLUG
SUBSEQUENT REPORT OF:
WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*
Casing
X
(Note: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATION (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.)

10-6-85: Set 8 5/8", 24# STC at 1700'. Cemented w/900 sx C1C and circulated to surface. After 34 hours tested csg to 1500 psi. OK

I hereby certify that the foregoing is true and correct
SIGNED Melba Knippling TITLE Unit Head DATE 10-16-85
(This space for Federal or State office use)
APPROVED BY/ACCEPTED FOR RECORD CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

OCT 23 1985

*See Instructions on Reverse Side