

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-46275

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Burton Flat Federal Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undes. Burton Flat Morrow

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

Sec. 1, T21S, R27E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Exxon Corporation Attn: Permits Supervisor

3. ADDRESS OF OPERATOR

P.O. Box 1600, Midland TX 79702

SEP 14 '88

O. C. D.  
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

1917' FNL & 660' FWL of Sec. 1

14. PERMIT NO.

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

3195 GL

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 PLANE

(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.)\*

8-3-88 Dump bailed 35' cmt on stuck packer @ 11421'.

8-4-88 Set Guiberson packer @ 10973'.

8-5-88 Perforate 11032 - 38, 11113 - 20, 11246 - 50, 11256 - 72, 11322 - 30, 11348 - 56

8-6 thru 8-10 Flow well to clean up.

8-11 thru 8-21 SI for BHP Test

8-22-88 Run 4pt test (results attached)

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

SIGNED

Stephen Johnson

TITLE Administrative Specialist

DATE 09-06-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side