

UNITED 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.
Use "APPLICATION FOR PERMIT" for such proposals.)

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

dsf

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Exxon Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1600, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal requirements.
See also space 17 below.)
At surface

660' FNL and 660' FWL of Sec. 31

14. PERMIT NO.

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

3275 GR

5. LEASE DESIGNATION AND SERIAL NO.

NM - 01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates "C" Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Avalon (Delaware)

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

Sec. 31, T20S, R28E

12. COUNTY OR PARISH

13. STATE

Eddy

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

See Item #17

(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.)

3-25-87 Add pay by removing bridge plug between upper and lower Delaware Sands.
Clean out fill and return well to pump,

4-07-87 24 hr. pump test. 45 BO and 351 BW

ACCEPTED FOR RECORD

APR 27 1987

SJS
CARLSBAD, NEW MEXICO

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

SIGNED

David A. Murray

TITLE Permits Supervisor

DATE

4-22-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side