

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO  
NM-01119

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	
2. NAME OF OPERATOR Exxon Corporation		Attn: David A. Murray	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		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  660' FSL and 660' FWL of Section 31		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		7. UNIT AGREEMENT NAME	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3241' GR		8. FARM OR LEASE NAME Yates C Federal	
		9. WELL NO. 15	
		10. FIELD AND POOL, OR WILDCAT Avalon	
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 31, T20S, R28E	
		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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLAN* <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)\*

- 7-6-87 Set bridge plug @ 4350', test casing to 2000# - OK, cap plug w/ 35' cmt.
- 7-7-87 Perforate @ 2704-14, 2674-82, 2634-41, 2622-27, 2605-10, 2585-97 all w/ 2 shots/ft.
- 7-8-87 Acidized perms w/ 2142 gal of 15% HCL
- 7-10-87 Frac. w/ 9870 gal of gelled frac fluid containing 29,000 lbs of sand. Unsuccessful producer; well is being evaluated for conversion to a disposal well.

ACCEPTED FOR RECORD  
AUG 13 1987  
SJS  
CARLSBAD, NEW MEXICO

RECEIVED  
AUG 6 10 53 AM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

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

SIGNED David A. Murray TITLE Permits Supervisor DATE 8-4-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side