

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.)

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 01119
2. NAME OF OPERATOR Exxon Corporation ✓	JUL 20 1987	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 1980' FSL and 660' FWL of Sec. 31	ARTIFICIAL OFFICE	8. FARM OR LEASE NAME Yates C Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3286' - KB	9. WELL NO. 13
		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 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"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

ADD PAY AND TREAT

1. RU Class III BOP & Test
2. Set RTBP @ \pm 3000'
3. Perforate: 2596 - 2610, 2628 - 2662, 2682 - 2700, 2724 - 2732
4. Acidize new perfs w/ 3900 gal of 15% HCL
5. Frac new perfs w/ 35,000 gal of Crosslinked Brine Water and 66,000 lbs. of 12/20 sand.
6. Retrieve bridge plug
7. Return well to pump

RECEIVED
JUL 7 11 20 AM '87
CARLSON RESOURCE
AREA HEADQUARTERS

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

SIGNED David A. Murray TITLE Permits Supervisor

DATE 7-2-87

(This space for Federal or State office use)

APPROVED BY Richard L. Mann TITLE Area Manager

DATE 7-10-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side