

Form 1160-4  
November 1983)  
Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONDS. COMMISSION

Drill Log

Artesia, NM 88310

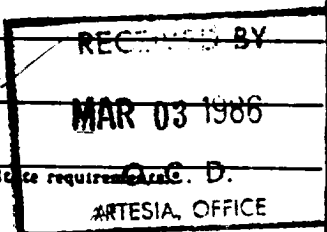
SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Saltwater Disposal		3. LEASE DESIGNATION AND SERIAL NO. NM-01119	
2. NAME OF OPERATOR Exxon Corporation Attn: Melba Knipling		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702		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 1557' FNL and 660' FWL, Sec. 4-T21S-R27E		8. FARM OR LEASE NAME Yates "C" Federal	
14. PERMIT NO. R-8050		9. WELL NO. 22	
15. ELEVATIONS (Show whether OF, FT, GR, etc.) 3194' GR		10. FIELD AND POOL, OR WILDCAT Avalon-Delaware lower ES	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T, R, M, OR S.E. AND SURVEY OR AREA Sec. 4-T21S-R27E	
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).*		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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Saltwater Disposal	X
(Other) <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).*			

The Yates Federal "C" Well No. 22 is recompleted in the Avalon-Delaware formation at a depth of 3938' to 4322'.

Workover in this well started November 16, 1985 and was completed November 27, 1985.

Injection operations have not started as of January 21, 1986.

WELLS RECORD  
GWD  
JAN 23 1986

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct			
SIGNED <u>Melba Knipling</u>	TITLE <u>Section Head</u>	DATE <u>1-21-86</u>	
This space for Federal or State office use)			
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

\*See Instructions on Reverse Side