

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other Instructions
version side) COMPLETION

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 ☐ GAS WELL ☒ OTHER SWD		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Exxon Corp. Attn: David A. Murray		8. FARM OR LEASE NAME Yates C Federal	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		9. WELL NO. 22	
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 of Section		10. FIELD AND POOL, OR WILDCAT Avalon-Delaware	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, HT, GR, etc.) 3198 GR	
16. ELEVATIONS (Show whether DF, HT, GR, etc.) 3198 GR		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 4, T21S, R27E	
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	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(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.)

6-19-87 D.O. cmt and CIBP to 7428'
6-22-87 Set CIBP @ 7300' and spot 50 sx cmt on CIBP. Set 2nd CIBP @ 5100' and spotted 25 sx cmt on plug.
8-18-87 Well injecting 756 BW/D @ 760 PSI.

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

SIGNED David A. Murray TITLE Permits Supervisor DATE 9-2-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side