

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

BUREAU OF LAND MGMT.
ROSWELL OFFICE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other **WATER SOURCE WELL**

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 4358 HOUSTON, TX 77210 (713) 431-1012

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1557' FNL & 660' FWL, SEC. 4, T21S, R27E

5. Lease Designation and Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

YATES C FEDERAL

9. API Well No.

3001524501

10. Field and Pool, or Exploratory Area

VALON DELAWARE

County or Parish, State

EDDY

NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

REMOVE CIBP, AC.

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

13. 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.)

REMOVE CIBP @ 3925'; AC. EXISTING PERFS. 3250' - 4306' OVERALL W/ APPROX 4000 GAL; USE WELL AS WATER SOURCE WELL.

(SUNDRY NOTICE DATED 06/28/96 AND APPROVED 07/22/96 AUTHORIZED CONVERTING WELL TO WATER SOURCE WELL)

(PLEASE NOTE NEW ADDRESS AND PHONE NO. - ITEM 3)

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

Signed

Alex M. Correa

Title

**Alex M. Correa
Sr. Regulatory Specialist**

Date **09/18/97**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: