

Form 3160-5
(November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
D. LEASE DESIGNATION AND SERIAL NO.

NM - 55124

E. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Exxon Corp. ✓ Attn: Permits Supervisor		8. FARM OR LEASE NAME Burton Flat "C" Federal
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL and 1980' FEL of Sec. 35, (SWSE)		10. FIELD AND POOL, OR WILDCAT Scanlon Delaware
14. PERMIT NO. 30-015-24695		11. SEC., T., R., N., OR S.E. AND SUBST OF AREA Sec. 35, T20S, R28E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) Gr. - 3203		12. COUNTY OR PARISH Eddy
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

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PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

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REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

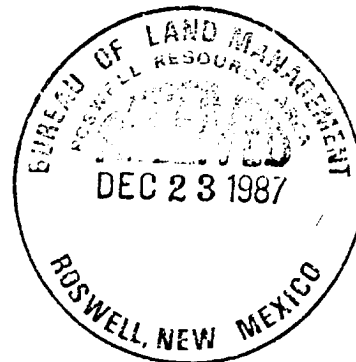
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Please approve the attached procedure to plug and abandon the captioned well.

RECEIVED

DEC 23 11 30 AM '87

CASING
AREA



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

SIGNED David A. Murray TITLE Permits Supervisor

DATE 12-22-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2-2-88

BLM Roswell NM
Drawer 1857 88201

*See Instructions on Reverse Side