

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
Other (instruction on re-
verse side)

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

c15F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different location. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/>	2. NAME OF OPERATOR Exxon Corporation	3. ADDRESS OF OPERATOR P.O. Box 1600, Midland TX 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL of Sec. (SWSE)	5. LEASE DESIGNATION AND SERIAL NO. NM-55124	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Burton Flat C Fed Com	9. WELL NO. 3	10. FIELD AND POOL, OR WILDCAT Scanlon-Delaware	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARRA Sec. 35, T20S, R28E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. 30-015-24695	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3203 GR											

16. 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)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)*

9-3-88 RIH to 3085 and displace hole w/ brine mud.
Spot 25 sx CLC from 2620' - 2365'
Pump 65 sx CLC from 655' to Surface

Plugs previously set in well as follows: CIBP @ 5240' w/ 25' cmt on top
CIBP @ 3120' w/ 35' cmt on top

9-5-88 Cut off well head, install dry hole marker, cut off anchors, clean and level location.

Post ID-2
9-30-88
P+A

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

SIGNED

Stephen Johnson

TITLE Administrative Specialist

DATE 09-12-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Pass
under bond is
surface restoration is

*See Instructions on Reverse Side