

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
DATE
DRAWER DD
ARTESIA, NM 88210

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY JAN 24 1985 O. C. D. ARTESIA, OFFICE	5. 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. UMW AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 563 FNL + 560 FEL			8. FARM OR LEASE NAME Yates C. Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether of, RT, GR, etc.) 3207' GR		9. WELL NO. 35
				10. FIELD AND POOL, OR WILDCAT Undesig Avalon - Delburne
				11. SEC. T. R. M., OR S.E. AND SURVEY OR AREA Sec. 5-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 <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 COMPLETS <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* Temp <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)

Please authorize a delay of one year for the permanent abandonment of this well.
For possible future use as SWP. per telecon w/ Melba Knipling - 1/22/85
LWQ

APPROVED FOR 12 MONTH PERIOD

ENDING 1/22/85

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

SIGNED <u>Melba Knipling</u>	TITLE <u>Unit Head</u>	DATE <u>1-11-85</u>
(This space for Federal or State office use)		
APPROVED <u>[Signature]</u>	TITLE <u>AREA MANAGER</u>	DATE <u>1-23-85</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side