

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

215F

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"/>	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  2291' FSL and 483' FWL of Sec. 8	5. LEASE DESIGNATION AND SERIAL NO. LC-060572A	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Big Eddy Federal	9. WELL NO. 100	10. FIELD AND POOL OR WILDCAT Undesignated - Bone Spring	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T21S, R28E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. 30-015-24824	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR - 3178											

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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <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"/>	(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.)\*

1. TIH, attempt to tag CIBP @  $\pm$  2850', if none present then set a CIBP @ 2850' and test to 500 psi.
2. Spot 35 sx. CLC from top of CIBP @ 2850' to 2525'.
3. Perforate 5 1/2" csg. @ 400', establish circ. to surface in 5 1/2" x 8 5/8" ann., cmt. both the 5 1/2" x 8 5/8" ann. and the 5 1/2" csg. from 400' to surface.
4. Cut off the 13 3/8", 8 5/8", and 5 1/2" casings 3' below ground level, weld on a plate covering the casings and install a dry hole marker 4' above ground level w/ well sign.

Plan to do the work in the second quarter of 1987

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

SIGNED <u>David A. Murray</u> David A. Murray (This space for Federal or State office use)	TITLE <u>Permits Supervisor</u>	DATE <u>3-25-87</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE <u>3-31-87</u>

\*See Instructions on Reverse Side