

Form 3160-5
November 1983
Formerly B-830

NEW OIL & GAS COMMISSION

UNITED STATES

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

C/SF

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Exxon Corporation	JUL 26 1984	NM-46275
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702	O. C. D. ARTESIA, OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 3300' FSL and 660' FWL of Sec. 1 (SW/SW)		7. UNIT AGREEMENT NAME
		8. FARM OR LEASE NAME Burton Flat B Federal
		9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Undesig. - Bong Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1-T21S-R27E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3202' GR	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Set casing.		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	Set casing		

(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.)

6-30-84 Drlg @ 5600' in 7-7/8" hole.

7-2-84 Set 20 jts/5-1/2"/15.5#/K55 and 116 jts/5-1/2"/14#/K55 csg. @ 5595'.
Tool @ 4000'. Cement 1st stage w/ 375 sx ClC and 2nd stage w/
575 sx ClC. TOC @ 950'. WOC approximately 84 hrs. before beginning
completion work. Test casing to 2000 psi for 30 min. Held OK.

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

SIGNED Melba Knippling

TITLE Unit Head

DATE July 17, 1984

(This space for Federal or State Use OR RECORD)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 25 1984

*See Instructions on Reverse Side

Carlsbad

NEW MEXICO

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.