

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
NM-40256

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.)

6. INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Stott Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesig. - Bone Springs

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA

1-21S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Exxon Corporation ✓

3. ADDRESS OF OPERATOR

P. O. Box 1600, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FWL and 1392.3' FNL of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3197' 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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

During a TOH while drilling the 11" Intermediate hole we discovered that the bottom two joints of surface casing had fallen into the hole. We plugged back w/2000 sks of cmt., kicked off at 634' w/2" bent sub and a Dynadrill.

Verbal approval was rec'd. from Pete Chester 7-20-84.

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

SIGNED

TITLE Unit Head

DATE 8-1-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL AUG 17 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side