

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT

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

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Exxon Corporation	AUG 08 1985	8. FARM OR LEASE NAME Nasser Federal
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702	O. C. D. ARTESIA, OFFICE	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1880' FNL & 1980' FWL of Sec. (SE/NW)		10. FIELD AND POOL, OR WILDCAT Undesignated Little Box Garcia-Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1 - T21S - R21E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, CR, etc.) 4512' 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) <input type="checkbox"/>	

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) <u>Casing Report</u> <input checked="" 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.)*

7/1/85 Set 13-3/8", 54.5#, K55 STC at 387'. Cemented w/480 sx ClC. Pumped 200 sx ClC down 1" annulus - no results. Ran in hole with 1" pipe and cemented w/200 sx ClC-no results. RIH with 1" pipe and cemented w/200 sx ClC-no results. RIH with 1" pipe and cemented w/150 sx ClC. Circ. 38 sx to surface. Tested to 1000 psi - leak inside weld. Pumped 300 sx ClC. Tested to 1000 psi - all OK. WOC 37-1/4 hrs. before drilling. Drilled and lost returns. Pumped 200 sx ClC--no results. Cmt. w/250 sx ClC. Drilled w/no returns.

7-20-85 Set 8-5/8", 24#, K55 STC at 1686'. Cemented w/950 sx ClC. Pumped 200 sx ClC down 1" annulus. RIH w/1" annulus and cmt. w/200 sx ClC. RIH w/1" annulus and cmt. w/175 sx ClC. Circ. 50 sx to pit. Tested to 2000 psi-OK. WOC 25-3/4 hrs. Had problems w/junk in hole. On 7-25-85 set RTTS at 544' and pumped 87 sx ClC. Tested csg. to 500 psi - OK.

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

SIGNED Melba Tripling

TITLE Unit Head

DATE 8/1/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 6 1985

*See Instructions on Reverse Side