

DEPARTMENT OF THE INTERIOR (Other instructions on re-
verse side)
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-59378

45F

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	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Exxon Corporation ✓	JUL 29 1985	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702	O. C. D. ARTESIA, OFFICE	8. FARM OR LEASE NAME Happy Valley-Morrow
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1780' FNL and 1830' FEL of Sec. 28 (SW NE)		9. WELL NO. 1
		10. WELL AND POOL, OR WILDCAT Happy Valley-Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T22S, R26E
14. PERMIT NO. 30-015-25243	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3351' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANE ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐
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.)*

6-27-85: Set 301 jts./20.8#/5"/P110 LTC at 11838'. Cemented w/900 sx Howco Lite, 1100 sx ClH, & 1100 sx Trinity Lite. Tested to 700 psi. TOC 500' estimated.

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

SIGNED [Signature] TITLE Unit Head DATE 7/26/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side