Form 3160-5	U ED ST		(Othen Instantin and	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985
November 1983) Formerly 9–331)	DEPARTMENT OF T		yerse alde)	5. LEASE DEBIGNATION AND SERIAL NO. NM-59378
	BUREAU OF LAND M		WEIRECEIVED	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	RY NOTICES AND m for proposals to drill or to we "APPLICATION FOR PERM	deepen or plug back f	o a different reservoir.	
1. OIL GAB WELL	<b>138</b> TO		OCT 03'88	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			. O. C. D.	8. FARM OR LEASE NAME
Exxon Corporation Attn: Permits Supervisor Attn: Attn: Permits Supervisor Attn: Attn: Permits Supervisor Attn: Attr: Att				Happy Valley Fed Com
P.O. Box 1600, Midland TX 79702				1
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)</li> </ol>				10. FIELD AND POOL, OR WILDCAT *See Item 17
At surface 1780' FNL & 1830' FEL of Sec.				11. SBC., T., R., M., OR BLK. AND
1780' FNL	. & 1830' FEL OT SE	20.		BURYRY OR AREA
14. PERNIT NO.	15. ELEVATIONS	(Show whether DF. BT.	DR. etc.)	Sec. 28, T22S, R26E 12. COUNTY OR PARISE 13. STATE
	3351 GF	2		Eddy
16.	Check Appropriate Box		e of Notice, Report,	
				BSEQUENT REPORT OF :
TEST WATER BHUT-OFF	PULL OR ALTER CA	81NG	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLE	TE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OB ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT <sup>®</sup>
REPAIR WELL (Other)	CHANGE PLANS			sults of multiple completion on Well completion Report and Log form.)
17 DEPORTER URODORED OF CO	MPLETED OPERATIONS (Clearly ell is directionally drilled, give	state all pertinent det	ails, and give pertinent d	ates, including estimated date of starting any ertical depths for all markers and gones perti-
nent to this work.) *				
* Undesignated H	lappy Valley - Morr	row, Happy Va	lley Strawn	
		elow packer u	nsuccessful, cut	t off 2 3/8" tbg. @ 10271.
(packer) 8-19-80 Ran CBL	@ 10213)			
8-22-88 Perfed:	11628 thru 11650 a	and 11654 thre	u 11666.	
9-14-88 Ran 4 pt	; test			
4 pt. test and b	ack pressure curve	e attached.		
				$\sim 2$
				R R
				Id an IN
	1			
18. I hereby certify that the BIGNED	e foregoing is true and correct		nistrative Spec	ialist DATE 09-26-88
(This space for Federal	Johnson or State office use)			
ATTROVED BT	<u>,</u>	TITLE		DATE
CONDITIONS OF APP	ROVAL, IF ANY :			SEP 11 (1998)
				SJS
	*5	See Instructions on	Reverse Side	Configuration (1977)

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.