

UNITED STATES
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 reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Exxon Corp.

3. Address and Telephone No.
P. O. Box 1600, Midland, TX 79702 915-588-7509

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1780' FNL & 1830' FEL of Sec 28, T22S, 26E

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

5. Lease Designation and Serial No.
NM 59378

6. If Indian, Allottee or Tribe Name

7. If Unit or C.A. Agreement Designation
Happy Valley Fed Com

8. Well Name and No.
1

9. API Well No.
30-015-25243

10. Field and Pool, or Exploratory Area
Und. Happy Valley - Morrow, Happy Valley - Strawn

11. County or Parish, State
Eddy, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection

Add Morrow pay.
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

See attached.

RECEIVED

JUL 20 '90

OFFICE

RECEIVED
JUL 16 8 46 AM '90
OFFICE

14. I hereby certify that the foregoing is true and correct *Sharon B. Timlin*

Signed **Sharon B. Timlin** Title **Staff Office Assistant** Date **7-15-90**

(This space for Federal or State office use)

Approved by *Greg Sigmond* Title **REGISTRATION MANAGER** Date **7-19-90**

Conditions of approval, if any:

