

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

ARTESIA, NM 88210  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
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"/>   | <b>RECEIVED BY</b><br><b>MAR 17 1986</b><br><b>O. C. D.</b><br><b>ARTESIA, OFFICE</b> | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-56520                         |
| 2. NAME OF OPERATOR<br>Exxon Corporation   |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1600, Midland, TX 79702  |   | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br>1471' FSL and 1908' FWL (NE/SW) |   | 8. FARM OR LEASE NAME<br>Happy Valley "B" Federal Com.                  |
| 14. PERMIT NO.<br>30-015-25395   | 15. ELEVATIONS (Show whether DT, RT, CR, etc.)<br>3268' GL                            | 9. WELL NO.<br>1  |
|  |   | 10. FIELD AND POOL, OR WILDCAT<br>Undesig, Happy Valley (Morrow)        |
|  |   | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br>Sec. 28, T22S, R26E |
|  |   | 12. COUNTY OR PARISH<br>Eddy  |
|  |   | 13. STATE<br>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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>    |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>   |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT* <input type="checkbox"/>      |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANT <input type="checkbox"/>         | (Other) <input type="checkbox"/>  | Casing <input checked="" type="checkbox"/> |
| (Other) <input 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.) \*

2-10-86

Set 7 5/8", 39# and 29.7# csg. at 11692'-DV tool at 4800'. Cemented 1st stage w/ 2075 sx CIH. Circulated 103 sx to surface. Cemented 2nd stage w/ 1275 sx TLW. Calculated TOC-1100'. FRR 2-11-86. Tested csg. to 2000# on 2-19-86 - OK.

ACCEPTED FOR RECORD

*Gwo*  
MAR 12 1986

CARLSBAD, NEW MEXICO

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

|  |                    |             |
|--|--------------------|-------------|
| SIGNED <i>Melba Kripling</i>                 | TITLE Section Head | DATE 3-6-86 |
| (This space for Federal or State office use) |                    |             |
| APPROVED BY _____                            | TITLE _____        | DATE _____  |
| CONDITIONS OF APPROVAL, IF ANY:              |                    |             |

\*See Instructions on Reverse Side