

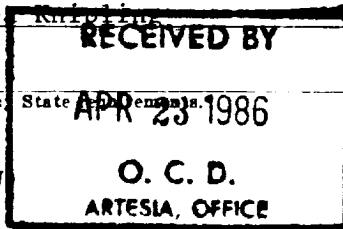
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

c/sf  
Form approved.  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-45229
2. NAME OF OPERATOR Exxon Corporation Attn: Melb. Krippl	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with an State Department's State Department's See also space 17 below.) At surface 1980' FSL and 660' FWL of Sec. 27 (NW SW	8. FARM OR LEASE NAME J. A. Tomaino Federal Com.
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3250'	10. FIELD AND POOL, OR WILDCAT Undesig. Happy Valley - Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T22S-R26E
	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 <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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Replace 8 pt. plan ☒

(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.) \*

Please approve the revised 8-point plan attached.

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

SIGNED <u>Edgar Runkel</u>	TITLE <u>Section Head</u>	DATE <u>4-8-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Sgd. Charles S. ...</u>	TITLE <u>...</u>	DATE <u>4-22-89</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

