

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE

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"/>		RECEIVED BY MAY 29 1986 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-45229
2. NAME OF OPERATOR Exxon Corporation Attn: Melba Knipling			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 any State boundary. See also space 17 below.) At surface 1980' FSL & 660' FWL of Sec. 27 (NW SW)			8. FARM OR LEASE NAME J. A. Tomaino Federal Com.
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3250'	9. WELL NO. 1
			10. FIELD AND POOL, OR WILDCAT Undesig. Happy Valley-Morro
			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 checked="" type="checkbox"/>	(Other) <input 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.)*

Please approve the following changes to our casing program:

20" conductor casing will be set at 60'.

CASING	HOLE SIZE	DEPTH	WT.	CEMENT TYPE	EST. TOC
13-3/8"	17-1/2"	1650'	54.5 ppf	Class "C" + 2% CaCl ₂	Surface
9-5/8"	12-1/4"	2600'	40 ppf	Class "C" (65:35 Pozzolan) + 6% Gel + 1/4#/sk cello flakes	1650'
5"	8-1/2"	12000'	20.8 ppf	Class "C" (65:35 Pozzolan) + 6% Gel Class "C" Class "H" (65:35 Pozzolan) + 6% Gel Class "H" + retarder	2600' 4500' 5000' 8500'

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

SIGNED <u>Melba Knipling</u>	TITLE <u>Section Head</u>	DATE <u>5-21-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig: Sgd. [Signature]</u>	TITLE <u></u>	DATE <u>5-27-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side