

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

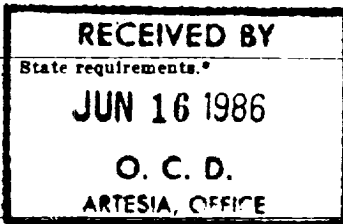
LEASE DESIGNATION AND SERIAL NO.

NM-45229

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"/>  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 2. NAME OF OPERATOR<br>Exxon Corporation  |  | 7. UNIT AGREEMENT NAME  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1600, Midland, TX 79702   |  | 8. FARM OR LEASE NAME<br>J. A. Tomaino Federal Com.                     |
| 4. LOCATION OF WELL (Report location clearly and in accordance with and State requirements.<br>See also space 17 below.)<br>At surface<br>1980' FSL & 660' FWL of Sec. 27 (NW SW) |  | 9. WELL NO.<br>1  |
| 14. PERMIT NO.<br>30-015-25575  |  | 10. FIELD AND POOL, OR WILDCAT<br>Undesig. Happy Valley-Morrow          |
| 15. ELEVATIONS (Show whether D, H, GR, etc.)<br>3250' GR  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 27, 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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(Other) Spud/Casing

(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.) \*

Spud 17-1/2" hole 5-25-86. On 5-30-86 set 13-3/8" csg. at 1665'. Cemented w/ 1900 sx ClC. Circulated to surface. After 28 1/2 hours tested BOP system and casing to 300 and 1000 psi - OK.

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

SIGNED

*Melba Knippling*

TITLE

Section Head

DATE

6-5-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

*RP*

JUN 11 1986

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO