

Drawer DD
Form 3160-5
November 1983)
Formerly 9-331)

Artesia, NM 88210

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

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 JUN 23 1986 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-45229
2. NAME OF OPERATOR Exxon Corporation ✓			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 all State requirements. 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. 30-015-25575		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3250' GR	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Undesig. Happy Valley-Morrow	
NOTICE OF INTENTION TO:		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T22S, R26E	
TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> CHANGE PLANE <input type="checkbox"/> (Other) <input type="checkbox"/>		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"/>	WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	(Other) <input 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.)*	

On 6-11-86 set 9-5/8", 40# K55 STC at 2564'. Cemented w/ 600 sx Halliburton Lite & 300 sx ClC. Circulated to surface. After 7 hours tested BOP system to 300 and 3000 psi - OK. Tested casing to 3000 psi for 30 min. - OK.

18. I hereby certify that the foregoing is true and correct	
SIGNED <u>Melba Kripling</u>	TITLE <u>Section Head</u>
DATE <u>6-16-86</u>	
(This space for Federal or State office use)	
APPROVED BY _____	TITLE _____
CONDITIONS OF APPROVAL, IF ANY:	

ACCEPTED FOR RECORD
DATE RB
JUN 19 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO