

C/SF

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 JUL 28 1986 O. C. D. STATE OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 45229
2. NAME OF OPERATOR Exxon Corporation ✓ Attn: Melba Knippling			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 ad 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. 30-015-25575		15. ELEVATIONS (Show whether SF, ST, GR, etc.) 3250 GR	9. WELL NO. 1
			10. FIELD AND POOL, OR WILDCAT Undesig. Happy Valley-Morrow
			11. SEC., T., R., M., OR BLE. 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:

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/> MIRU Comp. Unit	

(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.)

7-16-86 Set anchors, MIRU Completion Unit, N.U. BOP

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

SIGNED Melba Knippling TITLE Section Head

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 7-18-86

ACCEPTED FOR RECORD

DATE

JUL 23 1986