

c/sf

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

1160-5
VERMONT (1983)
JRM:mkj 9-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Submit in triplicate*
(88410 Instructions on re-verse side)

3. LEASE DESIGNATION AND SERIAL NO.
NM-0426782

FEB 17 1986 DRY 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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mary Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sheep Draw-Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 11, T23S, R24SE

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL ARTS AGENCY

2. NAME OF OPERATOR

Exxon Corporation Attn: Melba Knipling

3. ADDRESS OF OPERATOR

P. O. Box 1600, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1924 FNL and 651' FEL of Section 11

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, GR, ETC.)

3738'

GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

MULTIPLE COMPLETS

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other)

Change Unit

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

It is proposed to change the unit for Mary Federal 1 from the east half of the section to the north half. This request is being made due to Mary Federal #5 not being productive in the Morrow and is to be completed in the Strawn with the unit being the south half of Section 11. This will make the well an unorthodox location. An application is being made with the NMOCD and a hearing is set on March 5, 1986.

I hereby certify that the foregoing is true and correct

SIGNED

Melba Knipling

TITLE

Section Head

DATE

2-5-86

This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-14-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side