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rm 3160-5 ecember 1989}	DEPARTMENT	ED STATES OF THE INTERIC AND MANAGEME	DR SEP	EIVED U % 1992 C. D.	Budg Exp 5. Lease Desig	DRM APPROVED et Bureau No. 1004-0135 ires: September 30, 1990 nation and Serial No.	
Do not use this form	SUNDRY NOTICES A n for proposals to drill or Use "APPLICATION FOR PI	to deepen or reentry	WELLS	IN OFFICE	NM-045 6. If Indian, A	3201 llottee or Tribe Name	
	SUBMIT	IN TRIPLICATE			7. If Unit or C	CA, Agreement Designatio	n
1. Type of Well Oil Gas Well Other Other					8. Well Name and No. SQUAH FEDERAL		
2. Name of Operator EXXON CORPORATION ATTN: REGULATORY AFFAIRS / 3. Address and Telephone No.					1 9. API Well No. 3001520999		
P. O. BOX 4. Location of Well (Footage	1600 MIDLAND, Sec., T., R., M., or Survey Description	on)	915) 688		SHEEP DR	Pool, or Exploratory Area AW STRAWN Decish State	
SE4 NW4, 1	980' FNL & 1980)' FWL, SEC 1	2,T23S R	25E	EDDY	NM	
I2. CHE	CK APPROPRIATE BOX(s)	TO INDICATE NATUR	RE OF NOTICE	, REPORT, OR (OTHER DATA		
	UBMISSION			YPE OF ACTION			
Subseque	Intent	Reco Plug	indonment ompletion gging Back ing Repair		New New	nge of Plans Construction Routine Fracturing er Shut-Off	
							
13. Describe Proposed or Ce	undonment Notice ompleted Operations (Clearly state all d measured and true vertical depths fo	pertinent details, and give pertinent	ering Casing ler <u>C</u> lent dates, including e it to this work.)*	Recompletion Report stimated date of startin	S of multiple comple and Log form.) g any proposed wor		
13. Describe Proposed or Co subsurface locations an WELL HAS E IN PAYING REQUESTED DATE THAT REQUIRING SUBMITTED AVOID THE		Dertinent details, and give pertinent r all markers and zones pertinen ANUARY, 1992 CAN BE RETUR IN SI. JIM A AVE TO COMPLY (COPY OF LET DISCUSSION ON INCIDENT OF	ering Casing her <u>C</u> in to this work.) ⁴ BUT IS S RNED TO E AMOS, CAR Y WITH BL TTER IS A N THE ABC	(Note: Report results Recompletion Report stimated date of startin ENEFICIAL LSBAD BLN M LETTER TTACHED VE WITH	ABLE OF USE. ADVIS DATED 7 THIS S	SI STATUS etion on Well Completion k. If well is directionally PRODUCING IT IS ED THIS 2-24-92 SN IS	
13. Describe Proposed or Co subsurface locations an WELL HAS E IN PAYING REQUESTED DATE THAT REQUIRING SUBMITTED AVOID THE AVOID THE	Depicted Operations (Clearly state all d measured and true vertical depths for BEEN SI SINCE J. QUANTITIES AND THAT WELL REMA WE WOULD NOT H. WELL TO BE TA. TO CONFIRM MY ISSUANCE OF AN D FOR <u>5</u> MCNTH F 12/31/92	Dertinent details, and give pertinent r all markers and zones pertinen ANUARY, 1992 CAN BE RETUR IN SI. JIM A AVE TO COMPLY (COPY OF LET DISCUSSION ON INCIDENT OF	ering Casing er C ent dates, including e to this work.)" BUT IS S RNED TO E AMOS, CAF Y WITH BL TTER IS A N THE ABC NONCOMPL	(Note: Report results Recompletion Report stimated date of startin ETILL CAPA ENEFICIAL LSBAD BLN M LETTER ATTACHED OVE WITH IANCE.	ABLE OF JELL IN of multiple compli- and Log form.) g any proposed wor ABLE OF USE. 4, ADVIS DATED 7 THIS S JIM AMOS	SI STATUS etion on Well Completion the If well is directionally PRODUCING IT IS EED THIS -24-92 IN IS AND TO AND TO 59 10 10 59 10 10 10 10 10 10 10 10 10 10	rilled, giv

*See Instructions on Reverse Side
