

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN THE MANNER  
(Other instructions on re-  
verse side)

*copy to SF*

Form approved.  
Budget Bureau No. 42-R1424.

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 23177</b>
2. NAME OF OPERATOR <b>Exxon Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P.O. Box 1600, Midland, Texas 79702</b>		7. UNIT AGREEMENT NAME <b>Laguna Grande Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980' FWL &amp; 660' FSL</b>		8. FARM OR LEASE NAME (Federal) <b>Laguna Grande Unit</b>
14. PERMIT NO.		9. WELL NO. <b>2</b>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <b>RKB 3031</b>		10. FIELD AND POOL, OR WILDCAT <b>Laguna Grande Morrow Gas</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 27, T23S, R29E</b>
		12. COUNTY OR PARISH <b>Eddy</b>
		13. STATE <b>New Mexico</b>

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Plug Back</b>	

(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.)\*

Set C.I.B.P. @ 11,450' and cap w/35' cement.

**RECEIVED**  
**DEC 14 1977**  
**U.S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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

SIGNED _____	TITLE <b>Unit Head</b>	DATE <b>12-12-77</b>
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE <b>ACTING DISTRICT ENGINEER</b>	DATE <b>DEC 16 1977</b>
CONDITIONS OF APPROVAL, IF ANY:		