

NMOCC COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)DATE
1 re-Copy to 17
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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Laguna Grande Unit	
2. NAME OF OPERATOR Exxon Corporation		8. FARM OR LEASE NAME (Federal) Laguna Grande Unit	
3. ADDRESS OF OPERATOR P.O. Box 1600, Midland, Texas 79702		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FWL & 660' FSL		10. FIELD AND POOL, OR WILDCAT Laguna Grande Morrow Gas	
14. PERMIT NO. 30-015-22157		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3031' RKB	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T23S, R29E	
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.)		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

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

1. Opened well, bled off pressure. Kill well w/brine water. Removed Xmas tree. Install BOP. Unseat pkr.

2. Pulled tbg. and pkr. Set CIBP on WL @ 11250' w/35' cmt. on top.

3. Circ. hole w/mud consisting of 24 sx. salt gel per 100 bbls. water, pld tbg. to 10,335'. Spot 30 sx. cmt. plug across 5" liner top. Tag cmt. plug @ 10235'.

4. Ran tbg. to 6164', failed to find cmt. plug. Spot 50 sx. cmt. plug @ 6100'. Found top of cmt. plug at 5935'.

5. Set CIBP on WL @ 5866' in 7-5/8" csg. w/35' cmt. on top.

6. Set CIBP on WL @ 2950'. Shot 7-5/8" csg. @ 2684'. Shot 7-5/8" csg. @ 2602', 2524', 2448', 1982', unable to pull csg.

7. Ran tbg. in hole, spot cmt. plug 2950-250', w/600 sx.

8. Spot 10 sx., plug @ surface.

9. Dry hole marker installed.

10. A Form 9-331 will be forwarded when location is clean and BLM Standard Stipulations have been complied with.

11. Well plugged 12-31-77.

RECEIVED
JAN 11 1978
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct			
SIGNED <u>W. H. Capton</u>	TITLE <u>Unit Head</u>	DATE <u>1-5-78</u>	
(This space for Federal or State office use)			
APPROVED BY <u>Lee J. Linn</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>MAY 30 1978</u>	
CONDITIONS OF APPROVAL, IF ANY:			