

RECEIVED BY, NM
November 1983)
Formerly 9-331)
JAN 18 1985

88210 UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. DATE
(Other instructions on re-verse side)

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

O.C.D. 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.
ARTESIA, OFFICE 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. NM-26684A ✓
2. NAME OF OPERATOR Exxon Corporation ✓✓		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 any State requirements.* See also space 17 below.) At surface ✓ 660' FNL and 1980' FEL of Section		8. FARM OR LEASE NAME Gourley Federal Com.
14. PERMIT NO.		9. WELL NO. 1 ✓
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3080' KB		10. FIELD AND POOL, OR WILDCAT Undesignated Dublin Ranch Morrow ✓
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T22S, R28E ✓
		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:		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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Shut-in <input checked="" 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.)*

This well was completed as a gas well 7-15-80 and shut-in pending resolution of down hole problems and awaiting a gas sales contract.

We plan to keep this well shut-in until a gas sales contract can be negotiated, at which time we will clean up the well and produce it.

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

SIGNED N. W. Andrews TITLE Unit Head DATE 1-9-85

This space for Federal or State office use)

APPROVED BY Don Wood (acting) TITLE Assistant Unit Manager DATE 1-17-85

CONDITIONS OF APPROVAL D

*See Instructions on Reverse Side