

UNITED STATES

SUBMIT IN TRIPL
Other instructions on re-
verse side)

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

RECEIVED BY DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

JAN 30 1985
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. ARTESIA, OFFICE

WELL ☒ WELL ☐ OTHER

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

1980' FSL and 660' FWL of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON* (Temporary)

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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 perti-
nent to this work.) *

Please authorize a delay of one year for the permanent abandonment of this well.

Until paperwork can be completed for N.M. permitting a 11/20/85
shut-in date.

APPROVED FOR PERIOD

ENDING 7/25/85

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

SIGNED

Melba Knipling

TITLE

Unit Head

DATE

1-21-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

1-29-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side