

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)
Artesia, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry		5. LEASE DESIGNATION AND SERIAL NO. NM-17572
2. NAME OF OPERATOR Exxon Corp. ✓		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 1980' FSL & 660' FWL of Sec.		8. FARM OR LEASE NAME Simasko Federal
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p align="center">RECEIVED BY DEC 16 1985 O. C. D. ARTESIA, OFFICE</p> </div>		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat - BS
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GL, etc.) KB-3243, DF-3242, GL-3231	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-23S-26E
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

The above well will be plugged and abandoned in the following manner:

Set CIBP at 3260' w/ 35' cmt.
 Set plug at 2700' w/ 12 sx cmt. (100')
 Set plug at 1984' w/ 12 sx cmt. (100')
 Set plug at 1639' w/ 12 sx cmt. (100')
 Perf 590' w/ 4 shots. Sqz. w/ 175 sx. - Circ.
 Cut csg. heads and weld on plate.
 Install dry hole marker.

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

SIGNED [Signature] TITLE Unit Head DATE 8-16-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-13-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side