

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DD
SUBMIT IN TRIPlicate
Artesia (Other instructions on re-
verse side) 8210

Form approved.
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY DEC 26 1984 O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR Exxon Corporation	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1906' FNL and 807' FEL of Sec.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3738' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-0426782	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Mary Federal	
9. WELL NO. 3Y	
10. FIELD AND POOL, OR WILDCAT Wildcat - <i>Des. ward</i>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11 - T23S - R25E	
12. COUNTY OR PARISH Eddy	13. STATE NM

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACUTURE TREAT	<input type="checkbox"/>	FRACUTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) Status Report	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)

8-29-84 Spud 12-1/4" hole @ 2245 hrs.

9-2-84 Drlg. @ 1393'. Set 33 jts. 8-5/8"/24#/K55 csg. @ 1329'. Cement w/ 800 sx Pacesetter lite. TOC @ 615'. Run 1" and cement w/ 150 sx Pacesetter lite and 153 sx ClC. OK'd by Danny Cortez, BLM. WOC approximately 20 hrs. before drill out. Test casing to 1800 psi for 30 min. Held OK.

9-9 to 9-11 Set lost circulation plugs. Drilled out.

9-17-84 Drld 7-7/8" hole to 5195'.

9-22-84 Set 123 jts. 5-1/2"/15.5#/K55 csg. @ 5167'. DV tool @ 2814'. Cement 1st stage w/ 1850 sx ClC and 2nd stage w/ 450 sx ClC. Did not circ. TOC @ 872'. WOC approximately 72 hrs. before beginning completion operations. Test casing to 2000 psi for 30 min. Held OK.

9-23-84 FRR @ 1300 hrs.

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

SIGNED [Signature] TITLE Unit Head DATE 12-17-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY
DEC 21 1984

*See Instructions on Reverse Side