

Form 3160-5
November 1983
Formerly 9-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-STATE
(Other instructions on reverse side)

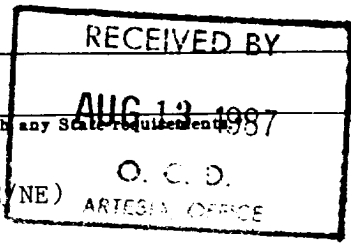
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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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 type="checkbox"/> OTHER <input type="checkbox"/> Unsuccessful	5. LEASE DESIGNATION AND SERIAL NO. NM-0426782
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 1906' FNL and 807' FEL of Sec. 11 (SE/NE)	8. FARM OR LEASE NAME Mary Federal
	9. WELL NO. 3Y
	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T23S, R25E
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 <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.)	

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 plugged and abandoned 1-7-85 as follows:

CIBP @ 4750', top w/ 35' cmt.
2764 - 2864' w/ 15 sx ClC
1279 - 1379' w/ 15 sx ClC
0 - 30' w/ 10 sx ClC
0 - 90' between 8-5/8" & 5-1/2" w/ 10 sx ClC

Post ID-2
1-25-85
P+H

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

SIGNED <u>Melba Kripling</u>	TITLE <u>Unit Head</u>	DATE <u>1-17-85</u>
(This space for Federal or State office use)		
APPROVED BY <u>Leo C. Adam</u>	TITLE <u>Artesia</u>	DATE <u>8-10-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.