

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
Artesia, NM 88210
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

2/15/85
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Dry		RECEIVED BY NOV 15 1985 O. C. D. ARTESIA, OFFICE	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 1565' FNL & 200' FEL of Sec. (SE/NE)			8. FARM OR LEASE NAME Mary Federal	
14. PERMIT NO. 30-015-25135		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3446' GR		9. WELL NO. 4
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT West Dark Canyon		
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.)*		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 24, T23S, R25E		
		12. COUNTY OR PARISH Eddy		
		13. STATE NM		

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 checked="" 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"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

Set plugs 3064-2704' w/25 sx; 1510-1150' w/25 sx & 610-250' w/25 sx. Perf 150' w/4 spf. Cement annulus & well w/40 sx. Cut off wellhead & install dry hole marker.

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

SIGNED Edgar Runkel

TITLE Unit Head

DATE 10-3-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11-14-85

*See Instructions on Reverse Side