

Form 3160-5
November 1983)
Formerly 9-331)

Drawer 10
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry	RECEIVED BY MAY 12 1986 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 all State requirements. See also space 17 below.) At surface	

1565' FNL & 200' FEL of Sec. (SE NE)

14. PERMIT NO. 30-015-25135	15. ELEVATIONS (Show whether DF, RT, GL, etc.) KB-3448, DF-3447, GL-3435	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. 4
		10. FIELD AND POOL, OR WILDCAT West Dark Canyon
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T23S, R25E
		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"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 was plugged and abandoned as follows:

CIBP was set at 4808' w/ 35' cmt. on 4-24-85. On 12-6-85 plugs were set at 3067' w/ 25 sx cmt., 1516' w/ 25 sx cmt. & 610' w/ 25 sx cmt. Perf 4 1/2" csg. at 150' w/ 4 shots and again at 100'. Could not get circulation. Tagged plug at 390' & circulated cmt. to surface on both sides of csg. P & A 12-6-85.

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

SIGNED Melba Knippling
(This space for Federal or State office use)

TITLE Section Head

DATE 04/30/86

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 5-7-86

*See Instructions on Reverse Side