

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY OCT 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 the Survey Instructions. See also space 17 below.) At surface 709' FSL & 1829' FWL of Sec. (SE SW)		8. FARM OR LEASE NAME Mary Federal
		9. WELL NO. 5
		10. FIELD AND POOL, OR WILDCAT Undesig. Sheep Draw-Morrow Gas
		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.) 3855' GR	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:		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Casing Report <input checked="" 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.) *

9-24-85: Set 13-3/8", 54.5#, K55 STC at 1613'. Circulated csg. Cemented w/400 sx CIC & 1600 sx Hal. Lite. Circulate to surface. Pack off csg. w/38" pea gravel. Repaired leaks on kill lines, spools & choke manifold. Tested csg. & BOP's to 200 psi. Had to repair leaks before testing to 1500 psi-OK. Test witnessed by Keith O'Hare w/State Engineering office. TOC-1556'. Waited total of 56 hours on cement before drilling.

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

SIGNED Melba K. Simpson TITLE Unit Head DATE 10-4-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: AW

OCT 11 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO