

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

c/sf

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"/>	
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 2479' FSL & 1880' FWL of Sec. (N SW)	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3695' GR

5. LEASE DESIGNATION AND SERIAL NO. NM	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Squaw Federal	
9. WELL NO. 3	
10. FIELD AND POOL, OR WILDCAT Undes. Sheep Draw-Morrow Gas	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, 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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<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"/>	Spud/Casing Report	<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.)*

Spud 26" hole on 9-14-85. Ran 20", 94# conductor pipe to 85'. Cemented w/250 sx ClC and circulated w/no returns. Left 15' cement in conductor. Had good cement 34' from surface. Received approval from BLM to order pea gravel and ready mix. WOC 9 hours before drill out. Lost returns at 203'. Dumped pea gravel down backside of conductor. Obtained approval to use Gear Gum to build visc. pills. Found parted csg. Pulled csg. & left 20' in hole - tagged at 65'. Pumped 100 bbls. 250 visc. pill before running wireline survey. Resumed drilling & lost returns at 544'. Pumped 50 bbls. 150 visc. - no returns. Drilled w/no returns. Set 13-3/8", 54.5# K55 STC at 1510'. Preflushed w/100 sx. ClC. Cemented w/1600 sx Lite C & 300 sx ClC. This was approved by Jim Wright, State Engineer. Notified BLM of temp. survey on 9-21-85. Ran survey & found cement at 950'. Ran 1" tbg. Tagged at 710'. Pumped 150 sx ClC. Pulled tbg. & WOC. Ran 1" tbg. Tagged at 627'. Pumped 3 yards pea gravel & 100 sx ClC. Pulled tbg. & WOC. Ran 1" tbg. Tagged at 610'. Added 3 yards pea gravel and 100 sx ClC. Pulled tbg. & WOC. Ran 1" tbg. Tagged at 610'. Pumped 4 yards pea gravel and 100 sx ClC. Pulled tbg. & WOC. Ran 1" tbg. Tagged at 480'. Pumped 5 yards pea gravel and 100 sx ClC. Pulled 1" tbg. Left 275' in hole. WOC. Ran 1" tbg. Tagged at 480'. Pumped 2-1/2 yards gravel & 100 sx ClC. Pull tbg. & WOC. Ran 1" tbg. Tagged at 60'. Pumped 75 sx ClC - no returns. Pumped 2-1/2 yards pea gravel & 10 sx cmt. Tagged cmt at 1430'. Art Mason from State Engineer's office came by and approved 1" procedure. Resumed drilling.

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

SIGNED Melba Kuepling TITLE Unit Head DATE 9-19-85
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side