

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

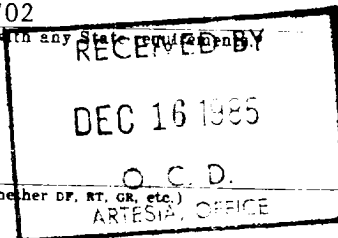
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

dsr

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 Dry	5. LEASE DESIGNATION AND SERIAL NO. NM - 22628
2. NAME OF OPERATOR Exxon Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 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 1880' FSL & 825' FWL	8. FARM OR LEASE NAME Scheidt Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3599' KB	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T26S, R26E
	12. COUNTY OR PARISH Eddy
	13. STATE NM



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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<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 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.) \*

The above well will be plugged and abandoned as follows:

Set CIBP at 9245' w/35' cmt. Set plug 8620-8520' w/10 sx cmt. Set plug 7920-7820' w/10 sx cmt. Set plug 5200-4380' w/65 sx cmt. Cut 5' csg. at 3800'. Set 50 sx cmt. plug across 5" csg. stub. Perf. 5" csg. 2474-2493'. Test. Acdz. w/3000 gals. 15% HCl. Set CIBP at 2400' w/15 sx cmt. Pump 35 sx cmt. across csg. shoe - 470'. Set plug 100' to surface w/35 sx cmt. Cut off wellhead & install dry hole marker.

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

SIGNED Melba Knippling TITLE Unit Head

DATE Sept. 10, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE 12-13-85

\*See Instructions on Reverse Side