Form Approved.

Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 22624 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME MECENTED 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME APR 1 7 1981 Lukens Federal gas well well other 9. WELL NO. $Q_{i}(0,0)$ 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Exxon Corporation Undesignated, Morrow 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 1600 Midland, TX 79702 **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 25, T26S, R25E AT SURFACE: 990' FSL and 1980' FEL of Sec. 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: NM Eddy AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 30-015-23423 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) REOUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) P & A 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.)* Kill well. Set blanking plug at 10250' w/ 25 sx. Cl. "H" cmt. on top of 2. Free point casing - cut and pull. Spot 150' (40 sx) plug across $5\frac{1}{2}$ " csg cmt. Spot 150' (40 sx) plug across 6250' if csg is cut at less than 6250'. Spot 150' (50 sx) plug across 8 5/8 csg shoe at (5075'). Spot 150' (50 sx) plug across 13 3/8 csg shoe (416'). Spot 10 sx plug at surface. Install dry hole marker as required by NMOCC. Subsurface Safety Valve: Manu. and Type ___ Set @ 18. I hereby certify that the foregoing is true and correct TITLE Sr. Administrator DATE SIGNED (This space for Federal or State office use) APPROVED BY TITLE _ DATE CONDITIONS OF APPROVAL, IF ANY: APR 1 5 1981

*See Instructions on Reverse Side

₩JAMES A. GILLHAM

DISTRICT SUPERVISOR

RECEIVED

APR: 4 1981

U.S. GEULUEICAL SURVEY ARTESIA, NEW MEXICO