

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-10592

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Starman Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat (Delaware)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17, T26S, R26E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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 ☐ GAS WELL ☐ OTHER ☒ Dry

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

2180' FSL and 860' FEL of Section (NE/SE)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3452' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

PLUG OR ALTER CASING

SHOOTING OR ACIDIZING

(Other)

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☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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 following plugs will be set to plug and abandon the above well:

1549 - 1766' w/ 35 sx ClC

645' Perf w/ 2 shots, pump 200 sx ClC. Circ. to surface.

Cut off wellhead, install dry hole marker.

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

SIGNED

[Signature]

TITLE Unit Head

DATE 1-31-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

3-6-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side