

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-20965

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Pioneer 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, R30E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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. Notice of Lease Sale
OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Exxon Corporation Attn: Permits Supervisor

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

1980 FSL and 1980' FEL

MAY 27 '88

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Lease Sold

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)*

This entire lease has been sold to JFG Enterprises effective 5-1-88.

RECEIVED
MAY 20 11 55 AM '88
CARTER
AREA

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

SIGNED

Stephen Johnson

TITLE Administrative Specialist

DATE 05-19-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side