

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

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

258

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 ☐

2. NAME OF OPERATOR
Exxon Corporation Attn: Permits Supervisor APR 26 '89

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
330' FSL & 1700' FEL (SWSE)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2924 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 44532

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sosa Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesignated
Brushy Draw - Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 15, T26S, R29E

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Due to the limited height of the substructure (5') of Capstar Rig #2, It will be necessary to omit the Annular preventer from the BOP stack. A double ram Shaffer LWP will be used on this well.

RECEIVED
APR 19 11 03 AM '89

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

SIGNED Stephen Johnson TITLE Administrative Specialist DATE 4-17-89

(This space for Federal or State office use)

APPROVED BY Shannon Shaw FOR: CHIEF OF BUREAU DATE 4-25-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side