

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

2/5F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 44532
2. NAME OF OPERATOR Exxon Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1600, Midland TX 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 330' FSL & 1700' FEL (SWSE)	8. FARM OR LEASE NAME Sosa Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2924 GR	10. FIELD AND POOL, OR WILDCAT Undesignated 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

MAY 30 '89

O. C. D.
ARTESIA, OFFICE

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.) *

In exception to Onshore Order 2, this rig will not be able to provide a floor mounted BOP control unit.

Instead of a automatic igniter or continous pilot, a flare gun will be kept on site to ignite a flare should it become necessary.

These changes have been discussed with, and approved by Shannon Shaw.

RECEIVED

MAY 11 10 23 AM '89

GAS AREA



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

SIGNED Stephen Johnson
(This space for Federal or State office use)

TITLE Administrative Specialist DATE 5-09-89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

MAY 10 1989

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO