

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Exxon Corporation Attn: Permits Supervisor	8. FARM OR LEASE NAME Sosa Federal
3. ADDRESS OF OPERATOR P.O. Box 1600, Midland TX 79702	9. WELL NO. 1
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)	10. FIELD AND POOL, OR WILDCAT Undesignated Brushy Draw - Delaware
14. PERMIT NO. 30-015-26087	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T26S, R29E
15. ELEVATIONS (Show whether DF, RT, GR, AREA, OFFICE) 2924 GR	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Spud, casing, BOP test	

(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.)

5-8-89 Spud and drill surface hole.  
5-9-89 Drill to surface TD @ 420'. RU and run 8 5/8/32&24#/J55/STC casing, set at 410'. Cement with 450 sx CLC w/ no returns to surface. TOC tagged at 130' w/ 1" pipe. Topped out cement job w/ 1" pipe. Cemented to surface.  
5-10-89 NU BOPs, test casing to 1000 psi for 30 min., test BOPs and chokes from 200 to 1000 psi. All BOPs and equipment OK before drilling out. Resume drilling

BOP and casing test witnessed by Jim Amos and Dale Carpenter W/ BLM.

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

SIGNED Stephen Johnson TITLE Administrative Specialist DATE 5-16-89

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 26 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO