

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side.)

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 ☒ 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

480' FSL & 660' FEL (SESE)

14. PERMIT NO.

30-015-26088

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

2927 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.

2

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 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.) *

Exxon requests permission to omit the annular BOP on the captioned well.

We have contracted with Capstar Drilling Rig #2 to drill this well. Due to the limited height of the substructure only a double ram Shaffer LWP will be used. If you have questions concerning this request contact Bob Grady at (915) 688-7887.

RECEIVED

NOV 21 12 57 PM '89

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

SIGNED

Stephen Johnson

TITLE

Administrative Specialist

DATE

11-20-89

(This space for Federal or State Office use)

APPROVED *By: Signed by Adam Salameh*

TITLE

PETROLEUM ENGINEER

DATE

11-21-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side