

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW CILGUTS. COMMISSION
Drawer DD
Artesia NM 88810
PERMIT INTRINSICATE*
(Other instructions on re-
verse side)

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

CLSF

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

3. ADDRESS OF OPERATOR Exxon Corporation Attn: Permits Supervisor

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

600' AMS

480' FSL & 660' FEL (SESE)

14. PERMIT NO

30-015-26088

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

2927 GR

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

NOTICE OF INTENTION TO:

TEST WASTE SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

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 rig floor mounted BOP control unit as required in Onshore Order 2 for the referenced well.
We have contracted with Capstar Drilling Rig #2 to drill this well. A floor mounted BOP control unit is not available for this rig.
If you have questions concerning this request contact Bob Grady at (915) 688-7887.

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

SIGNED

Stephen Johnson

TITLE Administrative Specialist DATE 12-4-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

12-12-89

*See Instructions on Reverse Side