

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 <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 Attn: Permits Supervisor 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 480' FSL & 660' FEL (SESE)	8. FARM OR LEASE NAME Sosa Federal
14. PERMIT NO. 30-015-26088	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2927 GR	10. FIELD AND POOL, OR WILDCAT Undesignated Brushy Draw - Delaware
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T26S, R29E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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JAN 12 '90

C. D.  
OFFICE

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"/>		<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) Spud and Set Surf Csg.	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)

- 12-19-89 RU & spud 12 1/4" hole. Notified Cathy Queen at 1:30 pm of intent to spud and set surface casing.  
12-20-89 TD surface hole @ 415'.  
12-21-89 RU & run 9 jts of 8 5/8"/24&32#/J55/STC casing. Set at 409'.  
12-22-89 Cemented to surface w/ 550 sxs of CLC. Circulated 75 sxs. NU BOP's  
Test all BOPs and associated valves to 200 and 1000# OK. Resumed drilling.

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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 1-5-90

APPROVED BY Stephen Johnson  
CONDITIONS OF APPROVAL, IF ANY:

TITLE PERMITS SUPERVISOR DATE 1-6-90

\*See Instructions on Reverse Side