

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SURMIT 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"/>		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)		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 WITHIN Undesignated Brosky 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	
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		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.)*																			

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 PLANS	<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"/> Production Casing		

(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.)*

1-6-90 RU & run 124 jts of 5 1/2"/14,15.5/LTC casing to 5181'. Cement w/ 1st Stage: 809 sxs CLC, 2nd stage : 650 sxs CLC. Cement to Surface on both stages.

ACCEPTED FOR RECORD

Adm

MAR 11 1990

CARLSBAD, NEW MEXICO

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 3-6-90

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side