

C/SF

Form 3160-5  
November 1983  
Formerly 9-331)

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-9987
2. NAME OF OPERATOR Exxon Corporation Attn: Melba Knipling ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702		7. UPPY AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 1980 FWL 3300' FEL of Section		8. FARM OR LEASE NAME Ryan Federal
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether OF, RT, CR, or C. D.) 3663' CR		10. FIELD AND POOL, OR WILDCAT Undesignated - Premier
C. D. ARTESIA, OFFICE		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Section 19-T16S-R29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Reclaim Location <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.)\*

The above well was not drilled.  
The wellsite has been reclaimed and is ready for inspection.

Post ID-2  
2-28-86  
Exp. Int.

I hereby certify that the foregoing is true and correct

SIGNED Melba Knipling TITLE Section Head DATE 2-12-86

This space for Federal or State office use

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 2-21-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side