

Form 3160-5
November 1983)
Formerly 9-331)

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 ☐ GAS WELL ☐ 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 and State requirements. See also space 17 below.) At surface 2180' FSL and 1980' FEL of Section		8. FARM OR LEASE NAME Ryan Federal	
		9. WELL NO. 4	
		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR ALBA Sec. 19-T16S-R29E	
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3643' GR	12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Reclaim Location	☒
(Other)	☐	(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.

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 2-21-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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