Drawer DD 61 Amtesia, N. 88210 Form approved. Budget Bureau No. 1004-0135 7orm 3160-5 UNITED STATES SUBMIT IN TRIPLICATE*
(Other instructions on re-Expires August 31, 1985 DEPARTMENT OF THE INTERIOR verse side) Vovember 1983) 5. LEASE DESIGNATION AND SERIAL NO. Formerly 9-331) BUREAU OF LAND MANAGEMENT NM-55124 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to decorn or succeeding different res 7. UNIT AGREEMENT NAME ī. ASTT **AUG 15** 1985 WELL X OTHER 2. NAME OF OPERATOR S. PARM OR LEASE NAME O. C. D. Exxon Corporation <u>Burton Flat C Federal</u> ARTESIA, OFFICE S. WELL MO. 3. ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Undesig. -Bone Springs 11. sec. 7. 2. M. OR BUK. AND SURVEY OR AREA 1830' FNL and 660' FEL of Section Sec. 35-T20S-R28E 15. BLEVATIONS (Show whether DF, RT, GR. etc.) 12. COUNTY OR PARISE! 14. PERMIT NO. Eddy NM 3216' GR 16. Check Appropriate Box To Indicate Nature of Natice, Report, or Other Data HOTICE OF INTENTION TO: SUBSSCIENT SEPORT OF: EXPAIRING WELL PULL OR ALTER CASING WATER SEUT-OFF TEST WATER SECT-OFF ALTERING CARING MULTIPLE COMPLETE PRACTURE TREATMENT PRACTURE TREAT *THEM NOONABA SECOTING OR ACIDIZING ASANDON* SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Cancel permit 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 tones pertinent to this work.)

Our permit to drill the subject well has expired. This well was staked, but no other surface was disturbed.

Central File Andrews District Debra Magness J. c. Hejl

Post ID-2 8-28-85 Exp. INt.

E. D. Runkel 14 hereby certify that the foregoing is true and DATE _3-26-85 Unit Head TITLE This space for Federal or State office use) APPROVED BY . CONDITIONS OF APPROVAL IF ANY: