

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

2/5P

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: Melba Knippling		7. UNIT AGREEMENT NAME	
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 660' FSL and 1980' FWL of Section		5. LEASE DESIGNATION AND SERIAL NO. NM-20965		8. FARM OR LEASE NAME Pioneer Federal	
14. PERMIT NO. 30-015-24852		15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3105' GR		9. WELL NO. 5		10. FIELD AND POOL, OR WILDCAT Wildcat - Del Norte	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-26S-30E		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 <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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Cancel Permit <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.)*

Well will not be drilled.

Post ID-2
11-22-85
Exp. Int.

18. I hereby certify that the foregoing is true and correct.

SIGNED 	TITLE Unit Head	DATE 11-11-85
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side