

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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.)

RECEIVED BY
ARTESIA, NM 88210
AUG 14 1985

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER	2. NAME OF OPERATOR Exxon Corporation Attn: Melba Knipping	3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2180' FNL and 490' FWL of Section 20 (SW NW)	5. LEASE DESIGNATION AND SERIAL NO. NM-16814	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Walker Federal	9. WELL NO. 3	10. FIELD AND POOL, OR WILDCAT Wildcat	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-26S-30E	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	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		
(Other) Cancel permit to drill	☒	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

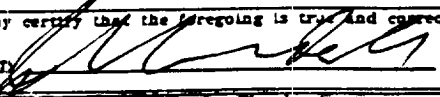
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Please cancel permit to drill subject well. No surface disturbance was done at this location other than staking of the well.

Carmen Johnson
Andrews Dist.
J. C. Hejl
E. Runkel
Central File

Post ID-2
8-23-85
Cancel Permit

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

SIGNED 	TITLE Unit Head	DATE 8-7-85
This space for Approval of State office (use)		
APPROVED BY 	TITLE	DATE 8-13-85
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side