

**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

**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. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> 91-002897/NM-62668	
2. <b>NAME OF OPERATOR</b> Exxon Corporation      Attn: Permits Supervisor		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> P.O. Box 1600, Midland TX 79702		7. <b>UNIT AGREEMENT NAME</b>	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL of Sec. 35		8. <b>FARM OR LEASE NAME</b> Eumont Gas Com 3	
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 1	
15. <b>ELEVATIONS</b> (Show whether DF, BT, GR, etc.) RKB 3567		10. <b>FIELD AND POOL, OR WILDCAT</b> Eumont Queen Gas	
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 35, T20S, R36E	
		12. <b>COUNTY OR PARISH</b> Lea	13. <b>STATE</b> 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 checked="" 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"/>		(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.)\*

Exxon plans to add pay and stimulate between 2760' and 3600'. Actual perms will be picked from logs run for the workover. This work will be performed upon approval of this Sundry Notice.  
Please call Stephen Johnson at (915) 688-7548 with verbal approval for this add pay.

RECEIVED  
JUN 15 11:02 AM '88  
CARR  
AMBI

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

SIGNED Stephen Johnson TITLE Administrative Specialist DATE 06-13-88

(This space for Federal or State office use)  
APPROVED BY CHIEF MINERAL RESOURCES TITLE \_\_\_\_\_ DATE 7-22-88

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side