

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Drawer 10
Artesia
SUBMIT IN TRI
(Other Office
verse side)

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

457

RECEIVED BY
JUN 04 1985
O.C.D.
OIL ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-25336

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--

7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
Leggett Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesign. Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Little Box Canyon-Morrow
Sec. 22, T20S, R21E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

1. NAME OF OPERATOR
Exxon Corporation

2. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, TX 79702

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1497' FSL and 551' FEL of Section (NE SE)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4480' GR

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) _____	Casing <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.)*

5-18-85: Set 13-3/8"/54.5#/K55 STC at 413'. Cemented with 480 sx ClC. Ran 1" pipe in hole; tagged cement at 180'. Tried to pump water - pipe was plugged. POOH, unplugged pipe and ran back in hole. Cemented w/ 200 sx ClC - no returns. WOC. RIH and tagged cement at 160'. Cmt. w/ 200 sx ClC - no returns. WOC. RIH and tagged cement at 160'. Cemented w/ 200 sx ClC - no returns. WOC. RIH and tagged cement at 160'. Reciprocated 1" while putting in pea gravel. Had 10' fill. Cemented w/ 200 sx ClC. WOC. Cement is 50' from surface. WOC. RIH and tagged cement at 53'. Cemented w/ 200 sx ClC Neat - no returns. WOC. RIH and tagged cement at 50'. Cemented with 200 sx ClC Neat - no returns. WOC. Top of cement now at 46'. Cemented thru open Halliburton lines w/ 200 sx ClC Neat. Got returns and circulated 64 sx to reserve pit. WOC. Tested to 300 and 1200# - OK. WOC 47 hours before drillout.

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

SIGNED Melba Kripling TITLE Unit Head DATE 5-23-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
None

MAY 31 1985

*See Instructions on Reverse Side