

Form 3160-5
November 1983)
Formerly 9-331)

Drawer B7

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

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
MAR 14 1985
O. C. D.
ARTESIA, OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Exxon Corporation ✓

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 990' FSL and 990' FWL of Sec. 1 (SW/SW)

5. LEASE DESIGNATION AND SERIAL NO.
NM-46275

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Burton Flat E Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Wildcat E. Artesia P.S.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T21S, R37E

12. COUNTY OR PARISH 13. STATE
Eddy New Mexico

14. PERMIT NO.
30-015-25135

15. ELEVATIONS (Show whether DF, ST, OR, etc.)
3194' 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) <u>Spud and set casing</u> <input checked="" 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.)*

2-20-85 Spud 17 1/2" hole @ 2030 hrs.

2-23-85 Drlg @ 817'. Set 18 jts/13 3/8"/54.6#/K55 csg @ 815'. Cement w/700 sx PCL and 325 sx Cl C. Circ 417 sx to surface. Test csg. to 1000 psi for 30 min. Held OK. WOC approximately 53 hrs before drillout.

3- 3-85 Drlg @ 2610' in 12 1/4" hole. Set 8 5/8"/24#/K55 csg @ 2610' Cement w/1150 sx Cl C. Circ. 400 sx to surface. Test csg. to 2000 psi for 30 min. Held OK. WOC approximately 33 1/2 hrs before drillout.

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

SIGNED Melba Knippling TITLE Unit Head DATE 3-11-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
None

MAR 12 1985

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.