

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-053201 0453 201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Squaw Federal

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Sheep Draw-Atoka /Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T23S, R25E

12. COUNTY OR PARISH 13. STATE
COPY LEA NM

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 GAS WELL OTHER

2. NAME OF OPERATOR
Exxon Corporation Attn: Permits Supervisor RECEIVED

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
2479' FSL & 1880' FWL of Sec. 1
JUL 26 '88
O. C. D.
ARTESIA OFFICE

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, ST, GR, etc.)
GR 3695'

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>Down Hole Comingle</u>	<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.)*

Down Hole Comingle Morrow and Atoka. (DHC-687) Granted January 6, 1988.

5-20-88 Because of fill on the isolation plug the 2 7/8" sub was perforated @ 11159 - 11163.

6-5-88 24 HR Flow Test: 12/64" choke, 800 psi flowing tubing pressure, 498 kcf/D

RECEIVED
JUN 17 10 45 AM '88
CARLSBAD, NEW MEXICO

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

SIGNED Stephen Johnson TITLE Administrative Specialist DATE 06-14-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
JUL 21 1988
Peter W. Chester
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side