

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-060572 A	
2. NAME OF OPERATOR Exxon Corp. Attn: Janet L. Schaumburg		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2180' FNL and 1980' FWL of Sec. 7		8. FARM OR LEASE NAME Big Eddy Federal	
14. PERMIT NO. 30-015-24707		9. WELL NO. 98	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3159.6' GR		10. FIELD AND POOL, OR WILDCAT Wildcat-Deleware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-21S, R-28E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Operator and Name Change	

(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.)

Operator of lease has been changed from Ammex Petroleum, Inc. to Exxon Corporation.  
Name of lease has been changed from Big Eddy to Big Eddy Federal. Well No. 98 will remain the same.  
This well is currently shut-in.



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

SIGNED Janet L. Schaumburg  
Janet L. Schaumburg

TITLE Permits Supervisor

DATE 9-15-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE SEP 30 1986  
ACCEPTED FOR RECORD  
ROP

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NOTICE OF INCIDENTS OF NONCOMPLIANCE**

Number \_\_\_\_\_

Page 1 of 1

<input checked="" type="checkbox"/> Certified Mail-Return Receipt Requested
<input type="checkbox"/> Hand Delivered, Received by: _____

Identification	
Lease	<u>L 6060522A</u>
CA	
Unit	
PA	

Bureau of Land Management Office		Operator <u>Ammer Corp</u>	
Address <u>CARLSBAD RESOURCE AREA</u>		Address <u>PO Box 10507</u>	
Telephone <u>P.O. Box 1772 Carlsbad, N.M. 88220</u>		Attention <u>Midland Tx 79702</u>	
Site Name <u>Big Eddy #98</u>	Township <u>21S</u>	Range <u>28 E</u>	Meridian
Inspector <u>Tanner</u>	Date <u>7/17/86</u>	Time (24-hour clock) <u>12:00</u>	

**THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE DATE AND AT THE SITE LISTED ABOVE.**

1/4 Sec.	Well or Facility Identification	Violation	Gravity of Violation
<u>Sec 7</u>	<u>Big Eddy #98</u>	<u>NTL-2B</u>	<u>Moderate</u>
Corrective Action To Be Completed By	Date Corrected	Assessment for Noncompliance	Assessment Reference
<u>8/17/86</u>		<u>\$</u>	<u>43 CFR 3163.3 ( )</u>

Remarks: Submit NTL-2B approval for disposal of produced water (see attached sheet.)

When violation is corrected, sign this notice and return to above address.

Company Representative Title _____	Signature _____	Date _____
Company Comments <u>deleted</u>		

**WARNING**

Incidents of Noncompliance correction and reporting time frames begin upon receipt of this Notice or 5 days after the date it is mailed, whichever is earlier. Each violation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management office at the address shown above. Please note that you already may have been assessed for noncompliance (see amount under "Assessment for Noncompliance"). If you do not comply as noted above under "Corrective Action To Be Completed By," you may incur an additional assessment under (43 CFR 3163.3(a)) and may also incur Civil Penalties (43 CFR 3163.4). All self-certified corrections must be postmarked no later than the next business day after the prescribed time for correction. Failure to report corrections timely is subject to an additional assessment (43 CFR 3163.3(h)).

Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3162.4-1(b)(6)(i), provides that any person who "knowingly or willfully" prepares, maintains, or submits false, inaccurate, or misleading reports, notices, affidavits, records, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days.

**REVIEW AND APPEAL RIGHTS**

A person charged with a violation may request a technical and procedural review of the Incidents of Noncompliance. This request must be filed within 10 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The Incidents of Noncompliance and/or technical and procedural review decision may be appealed to the Office of Hearings and Appeals, Washington, D.C. (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.

Signature of Bureau of Land Management Authorized Officer <u>[Signature]</u>	Date <u>7/17/86</u>	Time <u>12:00</u>
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**FOR OFFICE USE ONLY**

Number	Date	Assessment	Penalty	Termination
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Type of Inspection: \_\_\_\_\_