Form 9-331 (May 1963)

UPTED STATES SUBMIT IN TRY On re(Other instruction on re(Other instruction on re M. FOF THE INTERIOR verse side) N. M. O. C. C. C. C. C. T. Form approved. Budget Buréau No. 42-R1424. 5. Lease designation and serial no. DEPARTM.

GEOLOGICAL SURVEY 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.)			Federal NM-9721
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS X OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
Exxon Corporation 3. Address of Operator			Beard-Federal
			9. WELL NO.
Box 1600, Midland, Texas	79701	State requirements #	10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,980 FSL & 1,980 FEL			
			Wildcat 11. sec., T., R., M., OR BLK. AND
		BURVEY OR AREA	
			Coc 5 T-14-C P-1-E
14 province No.	15. ELEVATIONS (Show whether D	F. RT. GR. etc.)	Sec. 5, T-14-S, R-1-E 12. COUNTY OR PARISH [13. STATE
14. PERMIT NO.	to. Districted (ones whence be	.,,,	Sierra New Mexic
16. Check Appr	opriate Box To Indicate N	Nature of Notice, Report, or	Other Data
NOTICE OF INTENTIO			EQUENT REPORT OF:
[-]	<u> </u>		X REPAIRING WELL
IBSI WALDA CHICA CO.	L OR ALTER CASING	WATER SHUT-OFF	ALTERING CASING
	LTIPLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ABANDON MENT®
511001 011 110111	NDON*		Abanbonathi
REPAIR WELL CHA	ANGE PLANS	(Other)	ilts of multiple completion on Well
(Other)		ut datelle and give nortinent dat	mpletion Report and Log form.) tes, including estimated date of starting any tical depths for all markers and zones perti-
Ran 56 joints 10-3/4" 53 sacks HOWCO lite weight 1/4# Flo-sel per sack. hours. Nippling up.	with 1/4# Flo-sel	per sack and 150 sa 00 sacks. POB 11 a.	RECEIVED
	•		意》: FEB € 4.1974
			.D. C. E.
	ž.	•	ARETONA (FFEE)
			그 그 그 물을 사용됐다. 중심 실육하다 그
		RE	
	4		CEIVED
			N 2 5 19 74
		JA,	N25197
		₩ 3. I:FUI	LOGICAL SURVEY
18. I hereby certify that the foregoing is t	rue and correct	,	
SIGNED D. L. Clem	TITLE	Proration Specialist	t DATE 1-23-74
(This space for Federal or State office	тие)		in Jan 3 mail
APPROVED BY CONDITIONS OF APPROVAL, IF AN	Y: TITLE		DATE J
• / •	•		www.marchine.com