

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

JUN 13 '90

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Exxon Corporation

Attn: Permits Supervisor O. C. D.

ARTESIA, OFFICE

3. Address and Telephone No.

P. O. Box 1600, Midland, TX 79702

(915) 688-7548

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FWL & 660' FSL, Sec. 31-T20S, R28E

5. Lease Designation and Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Yates C Federal #15

9. API Well No.

10. Field and Pool, or Exploratory Area

Burton Flat Avalon Dela-

11. County or Parish, State

Eddy, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	<u>Temporary Abandonment</u>
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

3-28-90 Pulled 89 jts. 2-7/8" tbg. Set CIBP @ 2550'
Dump bail 20' cement on BP.

3-29-90 Nipple down BOP. Flange up well head.

T. A. STATUS

APPROVED FOR 12 MONTH PERIOD

ENDING 5/31/91

RECEIVED
MAY 22 12 12 PM '90
CARTER
AREA

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

Signed

[Signature]

Title

Administrative Specialist

Date

5-17-90

(This space for Federal or State office use)

Approved by

[Signature]

Title

[Signature]

Date

6-11-90

Conditions of approval, if any:

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.

*See Instruction on Reverse Side

