Form	9 -331
May	1963)
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UNITED STATES	SUBMIT IN TRIPLICATE*
DEPARTMENT OF THE INTERIOR	verse side)

	Budget	Bures	iu N	0.	42-R	142
2102	DESTON	ATTON	1 ND	91	CRIAL	NO.

DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY				NM 22628			
SUNDRY NOTICES AND RE	EPORTS O	N WELLS			E OR TRIBE NAME		
(Do not use this form for proposals to drill or to de- Use "APPLICATION FOR PERMIT	epen or plug bac —" for such prop	ek to a different reservoir.					
<u></u>			7. UNI	r agreement na	AME		
WELL GAS X OTHER		NOV 1 9 198 0	8. FAR	M OR LEASE NA	ME		
EXXON Corporation /			Milep	ost Fed.	Com. #2		
3. ADDRESS OF OPERATOR		O, C, 3,	9. WEI	L NO.			
P.O. Box 1600 Midland, TX 7	79702	ARTESIA, CONCE	1 1	VP POOT 6	D WILDCAT		
4. LOCATION OF WELL (Report location clearly and in accordance also space 17 below.)	ance with any S	tate requirements.*	10. Fi	designate	Marrow		
At surface		11. SE	Undesignated Morrow 11. SEC., T., B., M., OB BLK. AND				
660 FEL and 660 FNL			Uni	c. 31, T2	26S, R26E		
14. PERMIT NO. 15. ELEVATIONS (S		at, GR, etc.)	_	UNTY OR PARISI	ł		
			l Ec	ldy	NM		
16. Check Appropriate Box To	o Indicate No	ature of Notice, Report,	or Other D	ata			
NOTICE OF INTENTION TO:			SEQUENT REI				
TEST WATER SHUT-OFF PULL OR ALTER CASE	ING	WATER SHUT-OFF	X	REPAIRING	WELL		
FRACTURE TREAT MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING (
SHOOT OR ACIDIZE #BANDON*		SHOOTING OR ACIDIZING		ABANDONMI	ENT*		
REPAIR WELL CHANGE PLANS		(Other)(Note: Report_re	sults of mult	iple completion	on Well		
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st. proposed work. If well is directionally drilled, give a		Completion or Rec	ompletion Re	port and Log Id	te of starting any		
Drilled 12 1/4" hole to 5145'. Ran 127 jts (5117') 8 5/8# 32" Komt w/ 2200 sx cmt w/ TLW, 5# Gi Class C. POB 8:00 p.m. 7/27/80. 250 sx circ to P.T. WOC Tested csg. w/ 1500# - held ok. Drilling.	lsonite ar	nd 1/4# Flocele pe		ACCEPTED F	OR RECORD		
18. I hereby certify that the foregoing is true and correct SIGNED	_{TITLE} Sr	. Administrator	U.	NOV 1 2 5. GEOLOGIE OSWAL, 11.0 DATE 11/	AL disease		
(This space for Federal or State office use)							
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE			DATE			