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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-9089	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name ---
2. Name of Operator Exxon Corporation		8. Farm or Lease Name New Mexico BW State
3. Address of Operator P. O. Box 1600, Midland, TX 79702		9. Well No. 2
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>8S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Wildcat Undesig. Abo
15. Elevation (Show whether DF, RT, GR, etc.) 4403' RKB		12. County Chaves

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

MIRU. POH w/ tbg. RIH w/ CIBP, set @ 8894'. Perf 4-1/2" csg. @ 8162 - 8270'.
Acdz. w/ 14,000 gals. 20% HCl. Swabbed. RIH w/ prod. tbg. Set @ 8271'.
Pump test. IP-2 bbls. oil, 11 bbls. wtr., gas - TSTM.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Melba Truening TITLE Unit Head DATE 1-10-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 15 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 14 1985

**O.C.C.
HOSHO OFFICE**