

N.M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPL
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1421.

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. NM 15677A | |
| 2. NAME OF OPERATOR Exxon Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBAL NAME -- | |
| 3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 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 660' FSL and 1,980' FEL of Section | | 8. FARM OR LEASE NAME Strange Federal | |
| 14. PERMIT NO. | | 9. WELL NO. 2 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4408.1 Gr | | 10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T7S, R1E | |
| | | 12. COUNTY OR PARISH Chaves | |
| | | 13. STATE New Mexico | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|--|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input checked="" type="checkbox"/> | (Other) <input type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | | |

(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.) *

The 24# 8 5/8" surface casing will be set at 1800' and cemented back to surface with 900 cu. ft.

The original Application for Permit to Drill was submitted showing the surface to be set in the above manner. A Sundry Notice was submitted which changed the amount of surface casing.

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

SIGNED Melba Knippling TITLE Proration Specialist

DATE 3-12-80

(This space for Federal or State office use)

APPROVED BY (Sgd.) GEORGE H. STEWART

TITLE ACTING DISTRICT ENGINEER

DATE MAR 14 1980

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 17 1980
OIL POLLUTION DIV.

MAR 17 1980
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE