

**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**  
ROBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
NM 15677A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		7. <b>UNIT AGREEMENT NAME</b>	
2. <b>NAME OF OPERATOR</b> Exxon Corporation      Attn: David A. Murray		8. <b>FARM OR LEASE NAME</b> Strange Federal	
3. <b>ADDRESS OF OPERATOR</b> P. O. Box 1600, Midland, TX 79702		9. <b>WELL NO.</b> 4	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FSL and 660' FEL of Sec. 25		10. <b>FIELD AND POOL, OR WILDCAT</b> Tomahawk - San Andres	
14. <b>PERMIT NO.</b>		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b>  Sec. 25, T-7-S, R-31-E	
15. <b>ELEVATIONS</b> (Show whether DP, RT, OR, etc.)  GR 4406.5		12. <b>COUNTY OR PARISH</b> Chaves	13. <b>STATE</b> NM

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

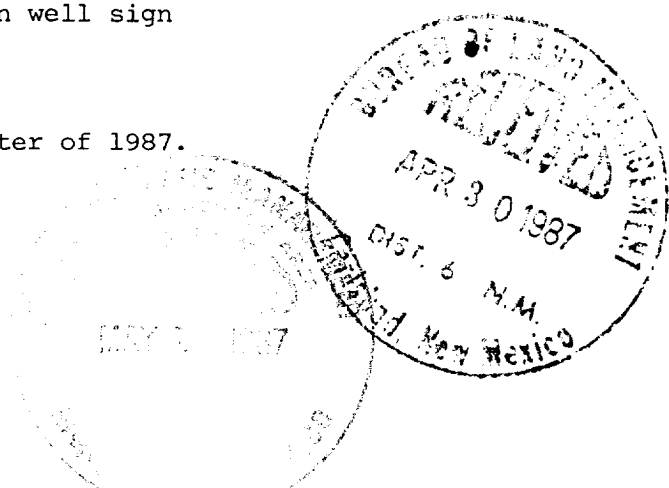
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>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

(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.)\*

- 1) Circ hole w/ 9.5 PPG brine mud
- 2) Set CIBP @ 3800' and cap w/ 4 sx cmt. Test plug to 500#. (Isolating the San Andres)
- 3) Spot 25 sx plug from 1800' to 1600'. (Plug to cover 50' above and below surf. csg. shoe)
- 4) Spot 25 sx plug from 300' to surf.
- 5) Cut off wellhead and install abandon well sign

Estimated work will be done in 3rd Quarter of 1987.



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

SIGNED David A. Murray TITLE Permits Supervisor DATE 4-29-87  
David A. Murray

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
DATE \_\_\_\_\_  
PETER W. CHESTER  
  
JUL 2 1987  
  
BUREAU OF LAND MANAGEMENT  
ROBBS, NEW MEXICO

\*See Instructions on Reverse Side