

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 TRIBE NAME
3. ADDRESS OF OPERATOR Box 1600 Midland, TX 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 1980' FWL of Section		8. FARM OR RANCH NAME Strange Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Later	9. WELL NO.
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> (Other) <input type="checkbox"/>		11. SEC., T., R., OR BLM. AND SURVEY OR AREA Sec. 25, T. 17 S, R. 41 E
		12. COUNTY OR PARISH 13. STATE Chaves NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 and 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.)*

Drilled 7 7/8" hole to 4305' T.D.
 Ran 4286' (106 jts.) 5 1/2" 14# K-55 csg. set at 4295'.
 Cmt. w/1500 sx. Howcolite, w/10# salt per sk, tailed w/ 250 sx. class
 POB 4:00 p.m. 7/30/80. Circ. 80 sx. to pit.
 WOC

Tested csg. w/2000# - held o.k. - 8/4/80

Preparing to perforate.

RECEIVED

SEP 3 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

ACCEPTED FOR RECORD

SEP 8 1980

U.S. GEOLOGICAL SURVEY
ROSWEIL, NEW MEXICO

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

SIGNED S. F. LaneTITLE Sr. AdministratorDATE 8/28/80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

RECEIVED

SEP 11 1980

O. C. D.
ARTESIA, OFFICE

RECEIVED

SEP 15 1980

OR CONSERVATION DIV.