

Form 3160-5
November 1983)
Formerly 9-331)

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
ALBUQUERQUE, NM 87104
PERMIT IN TRIPLI
1004-0135 Instructions on re-
verse side)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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-12693	
2. NAME OF OPERATOR Exxon Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. 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		8. FARM OR LEASE NAME Smith Federal	
660' FSL and 1980' FEL of Sec. 19		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Tomahawk-San Andres	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 4427.4 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T7S-R32E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input 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)	<input type="checkbox"/>
PILL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANE	<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. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10-28-87 Set CIBP in 5 1/2" csg. @ 4000'. Test plug to 500 psi for 15 min.-OK.
Spot 25 sxs cmt on plug and circ. hole w/ salt gel.
Perf. csg. @ 1830', could not establish injection. Spot cmt. plug from 1830'-1730'.
Perf. csg. @ 850', could not establish injection. Spot cmt. plug from 850' to 750'.
Spot cmt. from 240' to surf.
Cut off csg., weld on dry hole marker, cleaned and leveled location.

RECEIVED
NOV 4 11 21 AM '87
CARLETON RESOURCE
AREA HEADQUARTERS

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

SIGNED David A. Murray TITLE Permits Supervisor
David A. Murray
(This space for Federal or State office use)

DATE 11-3-87

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER

NOV 16 1987

BUREAU OF LAND MANAGEMENT
CARTERS RESOURCE AREA

RECEIVED
NOV 17 1987
OCCO
JACOBES OFFICE