

COPY TO O. C. G.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Exxon Corporation</p> <p>3. ADDRESS OF OPERATOR Box 1600, Midland, Texas 79702</p> <p>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</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-12693</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Smith Federal</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19, T-7-S, R32E</p> <p>12. COUNTY OR PARISH Roosevelt</p> <p>13. STATE N.M.</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) Later</p>

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 checked="" 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 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.)*

Spudded 12 1/2" hole 9:30 a.m. 5-31-80.

Drilled 12 1/2" hole to 1705'.

Ran 1682' (42 jts.) 8 5/8", 24# K-55 csg. set at 1695'.

Cmt. w/600 sx Howco Lite w/10# salt per sx, tailed w/250 sx Class "C" 2% cac12, 100 sx circ. to surface.

POB 2:00 p.m. 6-3-80. WOC.

Tested csg. w/1750# - held ok.

Drill plug and cmt. at 7:00 a.m. 6-5-80.

Drilling.

RECEIVED

JUL 25 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

JUL 24 1980

U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED D. F. Loring TITLE Senior Administrator DATE 7-17-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

JUL 28 1980

U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO