

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. LC-032233 (a.)
2. NAME OF OPERATOR EXXON CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1600, MIDLAND TEXAS 79701		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 330' FSL AND 330' FWL SEC. 29, T-18-S, R-38-E		8. FARM OR LEASE NAME BOWERS "A" FEDERAL
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3644 RDB		10. FIELD AND POOL, OR WILDCAT HOBBS - G - S.A.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 29, T-18-S, R-38-E
		12. COUNTY OR PARISH LEA
		13. STATE N. 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 type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) PLUG BACK	<input checked="" 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.)*

PULL OUT ALL PRODUCTION EQUIPMENT

PLUG BACK FROM TD TO 4074' AS FOLLOWS:

FROM TD TO 4140' W/78' SAND.

FROM 4140' TO 4081' W/59' CAL-SEAL. USE DUMP BAILER.

FROM 4081' TO 4071-74' W/200# HYDRONITE (16.8 GALS. SLURRY).

TAC W/WIRELINE; PBD NO DEEPER THAN 4074'.

RUN OPEN HOLE PACKER ON PRODUCTION TBG. AND SET @ 4052'.

RETURN WELL TO PRODUCTION FROM INTERVAL 4052-4074'

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

SIGNED **A. L. Clemmer** TITLE **UNIT HEAD** DATE **7-16-75**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE

21
APPROVED
DATE