

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Exxon Corporation</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL and 660' FEL of Sec.</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC-032233A</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Bowers A Federal</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Hobbs Blinebry</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, 18S, 38E</p> <p>12. COUNTY OR PARISH 13. STATE Lea NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3657' DF</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 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) <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.)*

We propose to plug and abandon the above well as follows:

1. Install and test BOP's to 500#.
2. Set plug 4100'-3550' w/ 40 sx to cover top of Grayburg, San Andres and Queen and to cover old Queen perforations and 7" csg. shoe.
3. Set plug 2800'-2550" w/ 20 sx to cover 9 5/8" csg. shoe and base of the salt.
4. Run freepoint and cut 4 1/2" csg. (TOC 2200'). Cover stub w/ 100' plug - 50' below and 50' above - w/ 15 sx.
5. Perforate 7" csg. at 1350' w/ 4 shots. If injection is not established set 100' plug 1400'-1300' w/ 20 sx to cover top of the salt.
6. If injection is established - squeeze w/ 100 sx down 7" csg.
7. Perforate at 280' w/ 4 shots.
8. Establish injection down 7" csg. Circulate up 9 5/8 x 12 1/2" annulus and 7" x 9 5/8" annulus. Set surface plug w/ 100 sx.
9. Install dry hole marker, clean and level location.

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

SIGNED Melba Kripling TITLE Section Head DATE 5-15-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE 7-8-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side