

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPI  
(Other instructions  
reverse side)

FE\*

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032233 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR EXXON CORPORATION	8. FARM OR LEASE NAME BOWER'S "A" FEDERAL
3. ADDRESS OF OPERATOR P.O. BOX 1600, MIDLAND TEXAS 79701	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2335' FSL & 2310' FEL SEC. 30, 18-S, 38-E	10. FIELD AND POOL, OR WILDCAT HOBBS (G-SA)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GF, etc.) DF 3654
	12. COUNTY OR PARISH LEA
	13. STATE NEW MEXICO

## 10. 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"/>
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"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) SEE BELOW	

(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.)\*

\* INCREASE LIFT CAPACITY AND GO BACK TO PREVIOUS COMPLETION INTERVAL 4010-92'.

7-30-75, MIRU BARBER WELL SERVICE. LAID DOWN RODS, PULLED TUBING AND PACKER. RECOVERED BP @ 4165', RAN PERMANENT BP ON TUBING, SET PLUG AT 4100'.

7-31-75, RAN TUBING, ANCHOR AND 130 JTS 2 7/8" TUBING IN HOLE, RODS AND PUMP.

8-1-75, TESTING 10.5/74" SPN, 2 1/2 X 2" PUMP, 20 BBLs. OIL AND 217 BBLs. WTR. TESTED EACH DAY THROUGH 8-17-75, FOR 20 BBLs. OIL AND 150 BBLs WATER. F.P.W 8-17-75

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

SIGNED

A. J. Clemmer

TITLE

UNIT HEAD

DATE

8-20-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

APPROVED FOR SERVICE

AUG 21 1975