Form 9-331 (May 1963)				(i)then instru	TRIPLICATE	· I	Form approved. Budget Bureau No. 42-R1424.		
	DEPAR		MENT F THE INTERIOR (Other Instructions of the State of t				5. LEASE DESIGNATION AND SERIAL NO. LC-032233 (a)		
<del></del>		GEOLOGICAL SURVEY				6. IF IN	6. IF INDIAN, ALLOTTEE OB 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.)									
							7. UNIT AGREEMENT NAME		
WELL WELL OTHER							8. FARM OR LEASE NAME		
2. NAME OF OPERATOR Exxon Corporation							Bowers "A" Federal		
3. ADDRESS OF OPLEATOR P. O. Box 1600, Midland, Texas 79701							9. WELL NO.		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*							LD AND POOL, OR WILL	DCAT	
See also space 17 below.) At surface							Hobbs (G-SA)		
Unit letter 0, 440' from the South line and 330' from the							11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
West line, Section 30, Township 18-S, Range 38-E (NMPM)						Section 30, Township 18-S Range 38-E (NMPM)			
14. PERMIT NO.		15. ELEVATIONS (Sho	ELEVATIONS (Show whether DF, BT, GR, etc.)				12. COUNTY OB PARISH 13. STATE		
		365	3653' D. F.				Lea New Mexico		
16.	Check	Appropriate Box To	Indicate	Nature of Notice,	Report, or	Other Do	ita		
						QUENT BEP	UENT REPORT OF:		
TEST WATER	SHUT-OFF	PULL OR ALTER CASING		WATER SHUT	-off		REPAIRING WELL		
FRACTURE TR		MULTIPLE COMPLETE		FRACTURE T	-		ALTERING CASING		
SHOOT OR AC	DIZE	ABANDON®		SHOOTING O	ACIDIZING		ABANDONMENT <sup>*</sup>		
REPAIR WELL CHANGE PLANS (Other)						ts of multi	is of multiple completion on Well		
evaluat "The co	ed for 1977 ondition of	econdary recove the well is suc carbons or wate	ch as t	o prevent dar	nage to t	he pro	ducing zone,		
other 1	natural reso	urces, or the 1	leakage	of any subst	ance at	the su	rface"		
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	proval of ve donment expi		1976			•			
abar	donment exo.	TOP Commences and the second second							
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							•		
				<u></u>	•				
8: I hereby cert		ng is true and correct	TITLE	D.L. Clemmer	, Unit He	ead 1	9-25-75		
(This space f	or Federal or State	office use)		· · · ·			· · ·		
APPROVED		TT ANY.	TITLE		•	I	DATE		
CONDITIONS	OF APPROVAL,	LE AUL.				·	· •	,	
			•				1. 1	, internet	
		*See	Instructio	ons on Reverse Sid	le		Juis Se		
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