

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
P.O. Box 1980  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 4358 HOUSTON, TX 77210 (713) 431-1213

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1732.5 FSL AND 2392.5 FEL SEC. 30-18S-32E

5. Lease Designation and Serial No.

LC-032233-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
BOWERS A FEDERAL  
10

9. API Well No.

3002522147

10. Field and Pool, or Exploratory Area

HOBBS OGALLALA

11. County or Parish, State

LEA

NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

PLUG AND ABANDONMENT

CASING WAS PULLED OUT OF HOLE. WELL WAS FILLED TO THE SURFACE WITH APPROXIMATELY 0.75 CUBIC YARDS OF 5 SACKS REDI-MIX CEMENT, A DRY HOLE MARKER WAS INSTALLED WITH ALL PERTINENT INFORMATION. EQUIPMENT WAS REMOVED.

Work Done 8/19/98

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

Signed Bernadette L. Cook Bernadette L. Cook Sr. Staff Office Assistant

Date 09/24/98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

