

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Exxon Corp.		8. FARM OR LEASE NAME Bowers "A" Federal	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		9. WELL NO. 28	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 990' FWL of Section		10. FIELD AND POOL OR WILDCAT Hobbs Blinebry R-9696 6/1/92	
14. PERMIT NO.		15. ELEVATIONS (Show whether SF, RT, OR, etc.) 3650 DF	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 29, T18S, R38E	
12. COUNTY OR PARISH Lea		13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PILL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other)	☐		☐

(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.)*

7-29-87 Clean fill to 5941'

7-30-87 Acidized existing perfs w/ 1500 gal of 15% HCL

7-31-87 RIH w/ 2 3/8" tbg and set @ 5931', RIH w/ 2" x 1 1/2" x 16' Rod Pump

9-1-87 24 hr pt 11 BO, 110 BW - FRW

RECEIVED

SEP 21 8 30 AM '87

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SEP 29 1987

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

SIGNED David A. Murray TITLE Permits Supervisor DATE 9-17-87

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

RECEIVED
OCT 1 1987
OCD
HOBES OFFICE