

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions  
verse side)

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re

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

71-032233-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bowers "A" Federal

9. WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Hobbs Blinebry

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 29, T-18-S, R-38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Exxon Corporation

3. ADDRESS OF OPERATOR

Box 1600 Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface 990' FWL and 2150 FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3654 DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) W/O

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.)\*

1. Fish rods and pull 2" tbg.

2. Clean out to 5990 + or -.

3. Acidize perf 5808-5889 w/ 3060 gals. inhibited 15% NE HCl acid.

4. Pull treating equipment and place well on pump.

APPROVED

MAY 18 1981

JAMES A. GILHAM  
DISTRICT SUPERVISOR

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

SIGNED

*J. H. Lowe*

TITLE

Sr. Administrator

DATE

5/18/81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: