

COPY TO O. - C.

Form 9-331
(May 1983)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
71-032233-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 Bowers "A" Federal | |
| 3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702 | | 9. WELL NO. 29 | |
| 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 | | 10. FIELD AND POOL, OR WILDCAT Hobbs Blinebry | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-29, T-18-S, R-38-E | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3654 DF | 12. COUNTY OR PARISH Lea | 13. STATE New Mexico |

16. 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"/> | Remove GYP Buildup <input checked="" 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 type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(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. Pull production equipment.
2. Run 3-7/8" B/T. and scraper and clean out to 5980.'
3. Mix 440 Gal. of converter mixture, 100 Gal across perfs, 340' gal into formation.
4. Pull spot control valve and swab GYP converter.
5. Acidize w/2000 gal of inhibited gelled 15% HCL.
6. Inhibit w/200 gal fresh wtr containing 2 drums of Corexit 7647 and 17 gals Corexit 8540.
7. Pull production equipment.
8. Run rods and tbg - place on pump.

RECEIVED

JUN 11 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED **COPY ORIGINAL SIGNED C. T. JACKSON**

TITLE Unit Head

DATE 6-9-80

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JUN 13 1980

DISTRICT SUPERVISOR

*See Instructions on Reverse Side