

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
OCT 1980
SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)
NEW MEXICO 88240

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-032233A
2. NAME OF OPERATOR Exxon Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1600, Midland, TX 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL and 660' FEL Sec. 30, T18S, R38E	8. FARM OR LEASE NAME Bowers "A" Federal
14. PERMIT NO.	9. WELL NO. 30
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3653' DF	10. FIELD AND POOL, OR WILDCAT Hobbs Blinebry
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T18S, R38E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Temp. Aband. <input checked="" 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.)*

We attempted an unsuccessful workover on this well in January of 1981. The final test conducted 1-20-81 produced 0 bbls of oil and 80 bbls of water.

We have temporarily abandoned this well and plan to plug and abandon, sundry notice and procedures will be filed with you office in the near future.

APPROVED FOR 60 MONTHS
ENDING 9/30/85

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>A. J. Clemmer</u>	TITLE <u>Section Head</u>	DATE <u>7-25-85</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Sign.</u>	TITLE	DATE <u>7-30-85</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side