

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-032233 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bowers "A" Federal

9. WELL NO.

31

10. FIELD AND POOL, OR WITNESS

Hobbs Blinebry

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

Sec. 29, T18S, R38E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 ☐

2. NAME OF OPERATOR

Exxon Corporation Attn: Janet L. Schaumburg

3. ADDRESS OF OPERATOR

P. O. 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

1980' FNL & 660' FWL Section

14. PERMIT NO.

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

3642 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PILL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandon

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

Well was TA'd in 2-85 as per approved Sundry Notice dated 2-5-85.

This wellbore is proposed to be included in the Bowers Seven Rivers Unit being evaluated by Texaco.

APPROVED FOR 12 MONTH PERIOD
ENDING 9/22/87

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

SIGNED Janet L. Schaumburg

TITLE Permits Supervisor

DATE 8-15-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side