

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse 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 <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" Fed Com
3. ADDRESS OF OPERATOR P.O. Box 1600, Midland, TX 79702	9. WELL NO. 31
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 of the Section	10. FIELD AND POOL, OR WILDCAT Hobbs-Drinkard
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T18S, R38E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3656' KDB	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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Temporarily Abandoned

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.)*

Suspend production of this well to re-evaluate workover potential.

RECEIVED

SEP 17 1986

HOBBS, NEW MEXICO

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

SIGNED Thomas C. [Signature] TITLE Accountant

DATE 8-17-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 12-4-86

*See Instructions on Reverse Side

RECEIVED
AUG 22 1986
OCD
HOBBS OFFICE

RECEIVED
DEC 12 1985
OCD
HOBBS OFFICE