

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Only instructions on reverse side) 68240

Form approved.
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 WILDCAT

Hobbs Blinbry

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 and 660' FWL of Sec. 29 (SW NW)

16. PERMIT NO.

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

3642 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PILL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

Casing test

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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 nodes pertinent to this work.)*

Casing test procedure:

Pressure up production casing to 500#. Shut well in and monitor pressure for 30 minutes with pressure chart.

Exxon desires to keep this well in TA status as it is proposed to be included in Bowers Seven Rivers Unit being evaluated by Texaco.

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

SIGNED Janet L. Schaumburg

TITLE Permits Supervisor

DATE 12-3-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12 9 86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Carlsbad Resource Area Headquarters

P. O. Box 1778

Carlsbad, New Mexico 88220

IN REPLY REFER TO

3162.34 (067)

September 22, 1986

Exxon Corporation
P. O. Box 1600
Midland, Texas 79702

Gentlemen:

A review of our records indicate that Bowers "A" Federal 31, Lease No. LC-032233 (A), 1980 FNL and 660 FWL, Section 29, T. 18 S., R. 38 E. is in Temporary Abandonment (TA) status.

If you are to continue to keep the well in this status, you must show that the downhole equipment/casing is in satisfactory condition.

Accordingly, you are hereby requested to submit for approval a program for testing the downhole equipment for the well on a Sundry Notice (Form 3160-5, formerly 9-331) and reason why you desire to keep the well in TA status within 90 days from the date of this letter. The well will be tested to a maximum of 500 psi with a leakoff not to exceed ten percent in 15 minutes. Please call the Carlsbad office at (505) 887-6544 in time for a field inspector to witness all tests.

If a well is found in unsatisfactory condition, it must be corrected or the well plugged and abandoned.

If the well is not tested, it will be considered unserviceable and you will be required to plug and abandon the well. A well tested within the last 12 months will not require retesting provided the test results have been filed and approved by this office.

Sincerely,

Charles S. Dahlen
Area Manager

RECEIVED
SEP 23 1986
NORMA & PETERSON

RECEIVED

DEC 12 1986

OCD

HOBBS OFFICE