

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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, 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 and 660' FWL Sec 29, T18S, R38E		10. FIELD AND POOL, OR WILDCAT Hobbs Blinbry	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3642' GR	
		11. SEC. T., R. M., OR BLK. AND SURVEY OR AREA Sec. 29, 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:

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)		Temp. Abandon	<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)			

(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.) *

In January, 1984 we attempted a workover on this well which proved unsuccessful. Well tested 24 barrels of water, no gas and a rainbow of oil.

We request permission to temporarily abandon this well while we evaluate uphole potential or a possible sale.

APPROVE FOR 12 MONTH PERIOD
ENDING 2/1/86



18. I hereby certify that the foregoing is true and correct		
SIGNED <u>M. J. Andrews</u>	TITLE <u>Unit Head</u>	DATE <u>1-9-85</u>
This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>2-5-85</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED

FEB -6 1985

O.C.D.
HOUSE OFFICE