

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.
LC-032233-(a)

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" FEDERAL
3. ADDRESS OF OPERATOR P.O. BOX 1600, MIDLAND, TEXAS 79701	9. WELL NO. 36
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL AND 1650' FEL	10. FIELD AND POOL, OR WILDCAT HOBBS-GRAYBURG SAN ANDRES
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T-18-S, R-38-E
	12. COUNTY OR PARISH LEA
	13. STATE NEW MEXICO

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

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 checked="" type="checkbox"/>
(Other) SET 9 5/8 CSG	

(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.)*

1-28-74, SPUDDED 12 1/4" HOLE AT 8:30 PM.
1-30-74, RAN 37 JTS. 9 5/8" J-55 36 # CSG, SET AT 1463'. CEMENTED W/425 SA CLASS C W/4% CEL AND 2% CACL, AND 75 SY CLASS C W/2% CACL.
2-1-74, FINISHED NIPPLING UP, BOP TESTED 9 5/8" CSG + BLIND RAMS @ 300 AND 1500#. RAN DC IN HOLE, TESTED 3 1/2" RAMS @ 300 + 1500#. FINISHED T.I. HOLE TO 1373 TO TOP OF CEMENT. CIRCULATED OK

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

SIGNED

TITLE

UNIT HEAD

DATE

2-5-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

