

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)

LC-032233(a)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

~~30-025-2645~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bowers "A" Federal

9. WELL NO.

37

10. FIELD AND POOL, OR WILDCAT

Byers Queen

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

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Exxon Corporation

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

660' FSL AND 770' FSL OF SECTION

14. PERMIT NO.

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

2642 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)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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. Drilled 7 7/8" hole to 3918' T.D.
2. Ran 3897' (97) jts 5 1/2" 14# K-55 csg, set at 3910', w/DV tool at 1520'.
Cmt first stage w/200 sx Class "C" w/12% gel and 5# salt per sx, avg. wt. 12.2 p.p.g., tailed w/400 sx Cl "C" neat w/2% CACL 2, Avg. wt. 14.8 p.p.g.
POB 5:15 am 11-1-79. Open DV tool--circ 70 sx. 2nd Stage cmt w/250 sx
Class "C" w/12% gel, circ 75 sx to surface. WOC
3. Tested csg on 11-6-79 w/2000#--held OK.
4. Preparing to perforate.

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

SIGNED

B. C. Sanden

TITLE Unit Head

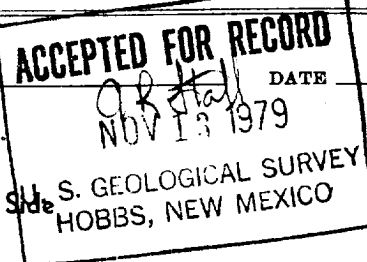
DATE 11-9-79

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side