

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. DATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-63368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bondurant Federal

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Undesignated West Tonto-
Yates-Seven Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 13, T19S, R32E

1. OIL ☐ GAS ☐
WELL WELL OTHER Dry

2. NAME OF OPERATOR
Exxon Corporation Attn: David A. Murray

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

2310' FSL and 1980' FWL of Sec. 13 (NE SW)

14. PERMIT NO.
30-025-29538

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3632 GR

12. COUNTY OR PARISH 13. STATE
Lea 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)

Notice of Plans

X

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.)*

This well is currently SI and Exxon is evaluating plugging and abandoning the wellbore.
It is likely this well will be plugged.

ACCEPTED FOR RECORD

MAR 09 1987

For
CARLSBAD, NEW MEXICO

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

SIGNED David A. Murray
David A. Murray

TITLE Permits Supervisor

DATE 3-3-87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side