

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction  
verse side)

Budget Bureau No. 1004-Q135  
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-064098
2. NAME OF OPERATOR Exxon Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 550' FSL and 1880' FEL of Sec.		8. FARM OR LEASE NAME White Federal
14. PERMIT NO. 30-025-29571		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB-3836.5 GL-3824		10. FIELD AND POOL, OR WELD, AT Undes. North Young- Bone Spring
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T18S, R32E
		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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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.)\*

Producing interval prior to workover - 8441-8776.

3-25-86 Perf 7759-8324 w/ 14 shots. Acidized w/ 2500 gals. 15% HCl. Set 2 7/8" tbg. at 8483.

4-10-86 Tested 72 BO and 0 BW.  
Producing interval - 7759-8776.

FRW 4-9-86.

ACCEPTED FOR RECORD

MAY 21 1986

CARLSBAD, NEW MEXICO

RECEIVED

MAY 20 1986

HOBBS, NEW MEXICO

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

SIGNED

*Melva Tripling*

TITLE

Section Head

DATE

5-19-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side