Form 3160-5	UNITED ST		FORM APPROVED. Budget Bureau No. 1004-0135
(June 1990)	DEPARTMENT OF 7	THE INTERIOR	Expires: March 31, 1993 5. Lease Designation and Serial No.
BUREAU OF LAND MANAGEMENT			NM-65976
Do not use this	SUNDRY NOTICES AND Is form for proposals to drill or to	6. If Indian, Allottee or Tribe Name	
	Use "APPLICATION FOR PERI	MIT—" for such proposals	7. If Unit or CA, Agreement Designation
	SUBMIT IN TI	T. II (full of CA, Agreened and A	
1 Type of Well		8. Well Name and No.	
2 Name of Operator	el Other	Exxon Federal #1	
	Petroleum Corporati	30-025-31231	
	N1 .	10. Field and Pool, or Exploratory Area	
PO Drawe	r 130, Artesia, NM 8 outage, Sec. L. R. M., or Survey Description	Wildcat Delaware	
		11. County or Parish, State	
Soc 19	L & 560' FWL T19S, R33E	Lea County, NM	
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
· · · · · · · · · · · · · · · · · · ·	OF SUBMISSION	TYPE OF ACTION	
		Abandonment	Change of Plans
(<u>A</u>) Ne	ntice of Intent	Recompletion	New Construction
[_] su	hsequent Report	Thugging Back	Water Shut Off
		Casing Repair Attering Casing	Conversion to Injection
1	nal Ahandonment Notice	X unter Request to flare/	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13 Describe Proposed	or Completed Operations (Clearly state all pertin	ent details, and give pertinent dates, including estimated date of startl hs for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally drilled,
Eive annantin	CP HIGHIGHS BIG HIGH HIGH HIGH	()	another year
We reque	cause this well is		
We request permission to flare/vent casinghead gas for become there is no gasline connection available and be Only pumped 1 day/month. Monthly oil production is @ 10 bbls/day Monthly wtr production is @ 400 bbls/day Monthly gas production is @ 4 MCF/month			
			because of high
the plan to continue to pump this well one day per monon			
Water production and no gas line.			Nov
~		ENDING 11-12-94	
		PPROVED FOR OUL	un <
		THE 11-12-47	
		END NA TE FOR	
			#2 6
14. I hereby certify that the fore citing is true and contect ff			11 04 02
14. I hereby certify Signed	Warde Hackett	lileField_Foreman	Date 11-04-93
(This space for	Federal or State office use)	ASS THE PERSON AND AND AND AND AND AND AND AND AND AN	Date
Approved by _ Conditions of a	(ORIG. SGD.) DAVID R. GLA		
		wingly and willfully to make to any department or agency of the U	nited States any false, fictitious or fraudulent stateme
Title 18 11 5 C Sec	tion 1001, makes it a crime for any person know is to any matter within its jurisdiction.		
or representations a		See histillellan all Davares Side	