

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI E\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO

LC-065455

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wantz Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wantz-ABO

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 1, T21S, R37E

14. PERMIT NO.

30-025-29372

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

3549' GR

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

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

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.) \*

RU BOPS, POOH w/ rods and tbg.

Perf from 7750-7116 (198 shots), acidize w/ 12,500 gal. of 15% HCL.

Set 2 7/8 tbg. @ 7772, RIH w/ 2 1/2" x 1 1/2" x 24' rod pump, began testing well.

24 hour potential test 73 BO, 20 BW

ACCEPTED FOR RECORD

JUN 3 1987

SJS  
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

5-29-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNIT. STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Exxon Corporation Attn: David A. Murray		8. FARM OR LEASE NAME Wantz Federal	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FSL and 1980' FEL of Sec. 1		10. FIELD AND POOL, OR WILDCAT Wantz-ABO	
14. PERMIT NO. 30-025-29372		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 1, T21S, R37E	
15. ELEVATIONS (Show whether DF, ST, OR, etc.) 3549 GR		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		

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) NU BOP and test
- 2) Add pay - perforate 7116'-7743', 198 shots
- 3) Acidize new perms w/ 12,500 gal of 15% HCL

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

SIGNED David A. Murray TITLE Permits Supervisor DATE 4-24-87  
(This space for Federal or State office use)  
APPROVED BY Paul Adams TITLE AREA MANAGER DATE 4-29-87  
CONDITIONS OF APPROVAL, IF ANY: CARLSBAD RESOURCE AREA

\*See Instructions on Reverse Side

RECEIVED  
MAY 1 1987  
OCD  
HOBBS OFFICE