

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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.

2

10. FIELD AND POOL, OR WILDCAT

Wantz-Abo

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

Sec. 1, T21S, R37E

12. COUNTY OR PARISH 13. STATE
Lea NM

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 ☒ 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

3100' FSL & 2180' FEL of Sec. (SW NE)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
30-025-29597 3541' GR

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) ☒ Casing ☒

(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.)*

On 5-20-86 set 5½", 17 & 14# casing at 7805'. Cemented w/ 2000 sx H-Lite & 400 sx ClC. Released rig 5-19-86. On 5-21-86 tested BOP and casing to 1000# - OK.

ACCEPTED FOR RECORD

Gail
JUN 4 1986

CAPISBAY, NEW MEXICO

RECEIVED

MAY 28 1986

HOBBS, NEW MEXICO

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

SIGNED *Melba Knippling*

TITLE Section Head

DATE 5-23-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side