

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-065455
2. NAME OF OPERATOR Exxon Corporation Attn: Melba Knipling		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 775' FSL and 990' FEL of Sec. 1-T21S-R37E		8. FARM OR LEASE NAME Wantz Federal
14. PERMIT NO. 30-025-29688		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3547 GR		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 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Set casing, RDMO & MIRU PU	
(Other) <input type="checkbox"/>		(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 6-21-86, set 5 1/2"/17# L80, 15.5# K55, 14# K55/STC production csg. @ 7804'.
Cemented to surf. w/ lead: 1900 sx of Cl.H Lite w/ 1/4#/sx of flocele tail:
450 sx Cl.C

6-23-86 RDMO drilling rig
6-24-86 MIRU completion unit
6-27-86 Perforate 5 1/2" csg. from 7126-7760
6-28-86 Acidize interval 7740-7760 w/ 28,800 gal. of 15% HCL
6-29-86 Acidize interval 7430-7275 w/ 11,820 gal. of 15% HCL
6-30-86 Acidize interval 7280-7096 w/ 13,744 gal. of 15% HCL

ACCEPTED FOR RECORD

SWQ
JUL 16 1986

CARISPAD, NEW MEXICO

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

SIGNED *Melba Knipling*

TITLE Section Head

DATE 7-10-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side