

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		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 & 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud/Casing</u> <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.)\*

Spud 12-1/4" hole 6-1-86. On 6-3-86 set 8-5/8", 24#, K55 csg. at 1553'. Cemented with 700 sx ClC and circulated to surface. Twenty-four hours later tested BOP system - OK. Four hours later finished testing BOP system - OK. Tested casing for 35 min. @ 1500# - OK.

RECEIVED

JUN 06 1986

MOBBES, NEW MEXICO

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

SIGNED Melba Kripling TITLE Section Head DATE 6-5-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JP

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 11 1986

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO