

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Exxon Corporation		8. FARM OR LEASE NAME Wantz Federal	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		9. WELL NO. 3	
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		10. FIELD AND POOL, OR WILDCAT Wantz - Abo	
14. PERMIT NO. 30-025-29688		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T21S, R37E	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3547' 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"/>	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>	

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.

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

SIGNED Melba Kripling
(This space for Federal or State office use)

TITLE Section Head

DATE 6-5-86

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED
JUN 6 1986
O.C.D.
HOBBS OFFICE