

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 3300' FSL and 660' FEL, Sec. 1, (SE NE)		8. FARM OR LEASE NAME Wantz Federal	
14. PERMIT NO. 30-025-29715		9. WELL NO. 5	
15. ELEVATIONS (Show whether SP, ST, GR, etc.) 3558 GL		10. FIELD AND POOL, OR WILDCAT Wantz-Abo	
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 1, 21S, 37E	
		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"/>	PILL 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"/>
BROOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	BROOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Set csg. <input type="checkbox"/>	
(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.)*

7-18-86 TD 12 1/4" surf. hole @ 1555', ran 8 5/8-24#-K-55-STC, set at 1554'.
Cmt. to surf. w/ 500 sx Cl.C. w/ 6% gel and 2% CACL₂ and 200 sx CL.C
w/ 2% CACL₂. Circ. 150 sxs.

7-19-86 NU BOPs and test w/ BOBO's testers from 300 to 2000 psi. Also held 800
psi on surf. csg. for 30 min. Everything tested OK.

7-20-86 Drilling ahead.

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

SIGNED <u>Melba Knipling</u>	TITLE <u>Section Head</u>	DATE <u>7-22-86</u>
(This space for Federal or State office use)		

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE 7-29-86
JUL 29 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO