

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

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.

4

10. FIELD AND POOL, OR WILDCAT

Wantz- ABO

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

Sec. 1, T-21S, R-37E

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 Corp. Attn: Janet L. Schaumburg

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

1980' FSL and 760' FEL of Sec. 1 (NE SE)

14. PERMIT NO.

30-025-29728

15. ELEVATIONS (Show whether SP, RT, GR, etc.)

3554 GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud and set casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

MIRU and SPUD 8-27-86. TD surf. at 1582'. 8-28, RU and run 8 5/8/24#/K-55/STC csg. and
set at 1572' cmt. w/Lead: 500 sx CL.C w/6% gel and 2% CACL₂ Tail: 200 sx CL.C Circ 83 sx
to surf. 8-29-86 Finish N.U. RRA type BOP w/ type 3 choke manifold. Tested wellhead, csg.
and BOP's to 200 and 2000 psi. Casing tested for 30 min. All tested ok. 8-30 Drlg.

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

SIGNED

Janet L. Schaumburg
Janet L. Schaumburg

TITLE

Permits Supervisor

DATE

9-4-96

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 09 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO