

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. ATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

37721

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Exxon Corporation Attn: Permits Supervisor

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' FNL & 1980' FEL

7. UNIT AGREEMENT NAME

Paddock (SA) Unit

8. FARM OR LEASE NAME

Paddock (SA) Unit

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

Paddock

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

Sec. 2, T22S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3368 RKB

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:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☒

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

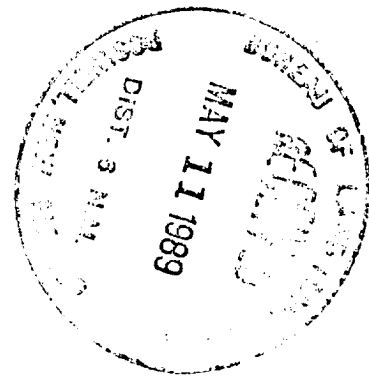
ABANDONMENT*

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(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.) *

3-20-89 Perfed 5030 - 5075, 180 shots.
3-22-89 Acidize w/ 13020 gal of 15% HCL.
3-23 thru 4-21 Swab, change pump, shoot fluid level and pump test.
4-22-89 FRW 24 hr. test 22 BO, 57 BW, 80 KCF.



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

SIGNED

Stephen Johnson

TITLE Administrative Specialist

DATE 05-5-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 16 1989

*See Instructions on Reverse Side