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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name	
2. Name of Operator Exxon Corporation Attn: Permits Supervisor		8. Farm or Lease Name J.L. Greenwood	
3. Address of Operator P.O. Box 1600, Midland, TX 79702		9. Well No. 13	
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Whicat Brunson-Fusselman	
15. Elevation (Show whether DF, RT, CR, etc.) 3414 DF		12. County Lea	

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐
 OTHER ☐

PLUS AND ABANDON ☐
 CHANGE PLANS ☐
 OTHER ☐

REMEDIAL WORK ☐
 COMMENCE DRILLING OPUS. ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER ☐

ALTERING CASING ☐
 PLUS AND ABANDONMENT ☐
 OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Exxon intends to set a CIBP w/ a 3 sx cmt cap @ 7120' isolating the fusselman.
 A packer will be set @ 5350' and the downhole commingled Blinebry and Tubb will
 be produced up the tubing.

Work will be performed upon aproval of this sundry notice.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED S. Johnson
 Stephen Johnson

TITLE Administrative Specialist

DATE 12-09-88

Orig. Signed by
 Paul Kautz
 Geologist

APPROVED BY _____
 CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE DEC 15 1988

RECEIVED

DEC 14 1986

OCD
HOBBS OFFICE