

UNITED STATES MEXICO
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-19620

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Central SW Oil Corp. Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 11, T23S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Exxon Corp.

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

1680' FNL and 660' FWL of Sec.

14. PERMIT NO.

30-025-29603

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

3721' 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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 pertinent to this work.)*

The above well was plugged and abandoned as follows:

Set plugs at: 4998 w/ 75 sx cmt.

3664 w/ 75 sx cmt.

1242 w/ 75 sx cmt.

682 w/ 75 sx cmt. Tagged at 496'.

Set surface plug w/ 20 sx cmt.

P & A 3-7-86.

RECEIVED

APR 09 1986

HOBBS, NEW MEXICO

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

SIGNED

Melba Knickman

TITLE

Section Head

DATE

4-7-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

PA Comp. Posted

RECEIVED
APR 11 1986
O.C.D.
HOBBS OFFICE