

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL
20-26-S
R-32-E

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM19447

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

EXXON FEDERAL #1

9. API Well No.

30-025-28483

10. Field and Pool, or Exploratory Area

EAST MASON (DELAWARE)

11. County or Parish, State

LEA COUNTY, NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

QUAY VALLEY, INC.

3. Address and Telephone No.

P. O. BOX 10280, MIDLAND, TEXAS 79702-7280

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UNIT LETTER I, 1980' FSL and 660' FEL
SECTION 8, T-26-S, R-32-E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SURFACE COMMINGLE GAS
AND OFFSITE MEASUREMENT
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 EXXON FEDERAL #1 AND THE AMOCO FEDERAL #1 EACH HAVE A METER AT THE LEASE. THE MASTER METER WHICH GPM GAS CORPORATION USES IS LOCATED APPROXIMATELY ONE MILE DOWN THE PIPELINE. THE METER IS LOCATED THERE IN ORDER TO CONNECT TO GPM'S PIPELINE.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

DENIED
MAR 29 1999

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

Signed Juanita J. Michaelis Title AGENT

Date 03/15/99

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

DATA
1993

1993

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