

UNITED STATES BOX 1880  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry	5. LEASE DESIGNATION AND SERIAL NO. NM-18631
2. NAME OF OPERATOR Exxon Corporation Attn: Melba Knipling	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702	7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL and 1980' FWL of Sec. (NE NW)	8. FARM OR LEASE NAME Jackson Federal
14. PERMIT NO. 30-025-29212	9. WELL NO. 4
15. ELEVATIONS (Show whether OF, RT, CR, etc.) GR	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T24S, R32E
	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(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 in the following manner:

Set plug 4970 - 4820 w/ 57 sx ClC Neat.  
Set plug 1098 - 998 w/ 50 sx ClC Neat.  
Set plug 658 - 500 w/ 50 sx ClC Neat.  
Set plug 50 - Surface w/ 20 sx ClC Neat.

Cut off wellhead and install dry hole marker.

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

SIGNED <u>Melba Knipling</u>	TITLE <u>Unit Head</u>	DATE <u>6-27-85</u>
This space for Federal or State office use)		
APPROVED BY <u>Org. Sec. [Signature]</u>	TITLE <u></u>	DATE <u>5-5-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side