

UNITED STATES M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

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. OIL WELL ☐ GAS WELL ☐ OTHER Dry	7. UNIT AGREEMENT NAME ---
2. NAME OF OPERATOR Exxon Corporation Attn: Melba Knipling	8. FARM OR LEASE NAME Jackson Federal
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702	9. WELL NO. 4
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)	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. 30-025-29212	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T24S, R32E
15. ELEVATIONS (Show whether OP, RT, CR, etc.) 3547.1 GR 3565 KB	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

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.) *

We plan to plug and abandon this well as follows:

Set plug 4970 - 4820 w/ 57 sx C1C Neat.
Set plug 1098 - 998 w/ 50 sx C1C Neat.
Set plug 658 - 500 w/ 50 sx C1C Neat.
Set plug 50 - Surface w/ 20 sx C1C Neat.

Cut off wellhead and install dry hole marker.

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

SIGNED

Melba Knipling

TITLE

Unit Head

DATE

6-27-85

This space for Federal or State office use)

APPROVED BY

TITLE

DATE

7-8-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUL -9 1985

Health Services