

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI E*
(Other instructions on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 21511
2. NAME OF OPERATOR Exxon Corporation Attn: David A. Murray		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 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 2308' FSL and 1980' FEL of Section 33		8. FARM OR LEASE NAME Madera "33" Federal Comm.
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3395.8		10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch - Atoka
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T24S, R34E
		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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Operator Change</u>	<input checked="" type="checkbox"/>
(Other) <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.)*

Exxon will not operate this well. The operator is changed to Enron Oil and Gas Co effective 5-27-87.

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

SIGNED <u>David A. Murray</u>	TITLE <u>Permits Supervisor</u>	DATE <u>5-27-87</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Sgd. Under Sec. 1001</u>	TITLE	DATE <u>5-27-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side