

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0559805

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WELL WELL		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Exxon Corporation		8. FARM OR LEASE NAME Fairview Mills-Federal
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79701		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990' FSL & 1,980' FEL		10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. -----		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-25-S, R-34-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,332' GR		12. COUNTY OR PARISH Lea
		13. STATE New Mex.

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 COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Plug Back

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.)\*

Set BP at 14,960' capped with 4 sacks of cement. Preparing to attempt completion in the Pennsylvanian Morrow at approximately 14,798 to 14,931.

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

SIGNED A. L. Clemmer

TITLE Proration Specialist

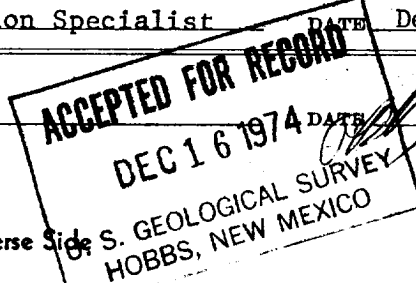
DATE Dec. 11, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



\*See Instructions on Reverse Side