

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)
RECEIVED

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 77080	
2. NAME OF OPERATOR Exxon Corporation Attn: Permits Supervisor		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 660' FNL & 1980' FWL (NENW)		8. FARM OR LEASE NAME Flagler Federal	
14. PERMIT NO. 30-025-30599		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3454 GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T25S, R33E	
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Intermediate csg & test		<input checked="" 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.)

- 7-5-89 TD 8 3/4" hole @ 13132'
7-6 & 7 Log
7-8 RU & run 229 jts of 7"/32#/P-110 & L-80 csg.
7-9 Cmt w/ First Stage: Lead; 1060 sxs CLH and 310 sxs CLH tail. Second stage: Lead; 580 sxs CLH and 170 sxs CLH tail. TOC by Temp. Survey is 5720.
7-10 Test casing and BOPs as per the 8pt plan. OK.

Since the 7" TOC is below the 9 5/8" casing shoe, remedial cement work will be performed at the completion of the well. The following two seneriaros have been discussed with and approved by Shannon Shaw w/ the BLM.

Producing Well

Cement will be bullheaded down the 9 5/8" x 7" annulus to isolate the Delaware (Bell Canyon)

Dry Hole

The 7" will be perfed 50' below the 9 5/8" shoe and cement will be placed in and behind the 9 5/8" at the shoe.

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

SIGNED

Stephen Johnson

TITLE

Administrative Specialist

DATE

7-21-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 0 8 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO