

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOLBROOK, NEW MEXICO 87020

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 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"/>	

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 checked="" type="checkbox"/>
(Other) Spud, csg. test	

(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.)*

6-5-89 Spud.
6-6-89 TD 17 1/2" surface hole. RU & run 15 jts of 13 3/8"/68#/N80, set @ 617'.
Cement to surface w/ 675 sx CLC. witnessed by RG Dillon w/ BLM.
6-8-89 Test BOPs to 2000 psi and casing to 1000 psi for 30 min.
Resume Drilling

RECEIVED



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

SIGNED Stephen Johnson
(This space for Federal or State office use)

TITLE Administrative Specialist DATE 6-12-89

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
DATE

ACCEPTED FOR RECORD

JUN 16 1989

*See Instructions on Reverse Side

535
CARLSBAD, NEW MEXICO

RECEIVED

JUN 28 1969

**OCD
HOBBS OFFICE**