Form 3160-5 November 1983) Formerly 9-331)	DEPARTME BUREAU (ILLED STATES NT OF THE IN OF LAND MANAGE	TERIOR N	- LU -) LU ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	ION Te 5.	Form approved. Budget Bureau Expires August LEASE DESIGNATION NM 77080	31, 1985 AND SURIAL NO.		
SUN (Do not use this	form for proposals	S AND REPORT to deepen or N FOR PERMIT—" for	r plug back to a	ELLSIEXICO different reservoir.	88240	IF INDIAN, ALLOTTE	EKAN SEIST SO		
OIL GAS WELL OTHER						7. UNIT AGREEMENT NAME			
Exxon Corporation Attn: Permits Supervisor						8. FARM OR LEASE NAME Flagler Federal			
P.O. Box 1600, Midland TX 79702 4. Location of wall (Report location clearly and in accordance with any State requirements.*						WBLL NO.			
At surface						10. FIELD AND POOL, OR WILDCAT Wildcat			
660' FNL & 1980' FWL (NENW)						11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA			
14. PERMIT NO. 15. BLEVATIONS (Show whether DP, BT, GB, etc.)						Sec.8, T25S, R33E 12. COUNTY OR PARISH 18. STATE			
30-025-30	599	3454 GR			1.	ea	NM ·		
16.	Check Appro	priate Box To Indic	ate Nature of	Notice, Report,	, or Other	Data			
,	NOTICE OF INTENTION TO						UBNT REPORT OF:		
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR proposed work. If	MULZ ABAN CHAN	GE PLANS	78 8F	t ompletion or Ke	results of m	ALTERING CA ABANDONMEN uitiple completion of Report and Log for	sing T* on Well m.)		
The following Intermediate C Production Cas The BOP stack	asing will b ing will be	e 9 5/8"/40#/k 7"/32#/P110 &	(55 L80						
RECEIVED 1 10 11 10 11 103					To the state of th	JUN 1 5 19			
8. I hereby certify that to signed	Mys.	TITLE	Administ	crative Spec	-	DATE 6-12	-89		
APPROVED BY CONDITIONS OF APP	PROVAL, IF NY:	FOR!	CHIEF, MARLIAG	LECTOURCES		DATE 6.27	89		

*See Instructions on Reverse Side

RECEIVED

JUN 28 1989

OCD HOBBS OFFICE