

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐

2. NAME OF OPERATOR

Exxon Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1600, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

1980' 8" 660' C  
AT SURFACE: 660' FEL and 1980' FSL of Section  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

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(other) Amend Casing Program

5. LEASE

NM-01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
RECEIVED

7. UNIT AGREEMENT NAME

MAR 22 1983

8. FARM OR LEASE NAME

Yates Federal C O. C. D.

9. WELL NO.

12

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Undesig.

Burton Flat - Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31-20S-28E

12. COUNTY OR PARISH

Eddy

13. STATE  
New Mexico

14. API NO.

30-015-24373

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3218.6 GR

RECEIVED  
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

MAR 17 1983

DR. & SFS

INTERNAL MGMT. SERVICE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, NEW MEXICO 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.)\*

Please amend the casing and cementing program for the above well as follows:

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
26"	20"	106.5#	40'	25 sx Redimix
17 1/2"	13 3/8"	72.0#	600'	500 sx
11"	8 5/8"	24.0#	2500'	500 sx (into surf. csg.)
7 7/8"	5 1/2"	14.0#	4700'	500 sx

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Walter L. Spilling TITLE Unit Head DATE March 16, 1983

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF

APPROVAL IF ANY  
MAR 18 1983  
JAMES A. GUNAM  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side