

C/S

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 to rework a well to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other **MAR 22 1983**

2. NAME OF OPERATOR
 Exxon Corporation **O. C. D.**

3. ADDRESS OF OPERATOR
 ARTESIA, OFFICE
 P. O. Box 1600, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 660' FSL and 1980' FEL of Section
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

5. LEASE
 NM-01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Yates Federal *etc*

9. WELL NO.
 11

10. FIELD OR WILDCAT NAME Undesig.
~~Burton Flat (Delaware)~~ *Quilow*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 31-20S-28E

12. COUNTY OR PARISH | 13. STATE
 Eddy | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
 3248' Gr

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>

(other) Amend Casing Program

RECEIVED
APR 04 1983
O. C. D.
 ARTESIA, OFFICE

RECEIVED
 (NOTE: Results of multiple completion or zone change on Form 9-330.)
MAR 30 1983

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.)*

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 CIRCULATE
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 *Melba Kipling* TITLE Unit Head DATE March 18, 1983

APPROVED
 (ORIG. SGD.) DAVID R. GLASS
 (This space for Federal or State office use)
 TITLE _____ DATE _____

APPROVED BY _____
 CONDITIONS OF APPROVAL, IF ANY:
MAR 31 1983
 FOR
JAMES A. GILLHAM
 DISTRICT SUPERVISOR

*See Instructions on Reverse Side