Form 9-331 Dec. 1973

UNITED STATES

	Form Approved. Budget Bureau No. 42–R1424					
ſ	5. LEASE					
1						
	NM-01119					
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
ᅦ						
	7. UNIT AGREEMENT NAME					
t						
_	8. FARM OR LEASE NAME					
Yates "C" Federal 9. WELL NO.						
						4
	10. FIELD OR WILDCAT NAME					
	Undesig. Avalon Blows V					
_	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.					
	14. ATTIO.					
,	15. ELEVATIONS (SHOW DF, KDB, AND WD)					
	3241' GR					
	(NOTE: Report results of multiple comprehen of some change on Form 9-330.)					
	Sign Sign Sign Sign Sign Sign Sign Sign					
at d er	e all pertinent details, and give pertinent dates, lirectionally drilled, give subsurface horations and no to this work.)*					
;	00 sx BJ Lite and 300 sx C1C. @ 410'. Could not get 1" down cmt. job. Test csg to 1000#.					

DEPARTMENT OF THE INTERIOR	NM-01119		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill of to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)  NOV 04 1983	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
1. oil gas well other O. C. D.  2. NAME OF OPERATOR ARTESIA. OFFICE	Yates "C" Federal  9. WELL NO. 15		
2. NAME OF OPERATOR ARTESIA, OPPRES Exxon Corporation  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Undesig. Avalon Delaward		
P.O. Box 1600; Midland, Texas 79702  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 31-20S-28E		
AT SURFACE: 660' FWL & 660' FSL of Section AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Eddy New Mexico 14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3241' GR		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:	OF LAN		
REPAIR WELL PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*	(NOTE: Report results of multiple comprehend of some change on Form) 9-330.)		
(other) Set casing	2 5 N		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stationaries including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine

10-23-83 Set 8 5/8", 24#, K-55 csg @ 2513' w/1 Cmt did not circ. Temp. survey - TOC backside. Keith Hines, BLM, approved WOC 48hrs.

Subsurface Safety Valve: Manu. a	nd Type			Set @	Ft.
18. I hereby certify that the foreg	oing is true and correct	t Unit Head	DATE	10-31-83	
	This space fo	r Federal or State office	use)	ACCEPTED FOR	RECORD
CONDITIONS OF APPROVAL IF ANY			DATE		

NOV 2 1983

Form Approved. Budget Bureau No. 42-R1424

UNITE	D S	TATE	S	S.
DEPARTMENT	OF	THE	INTER	10
CEOLOGIA	CAL	CHID	VEV	

UNITED STA	835.0LEASE			
DEPARTMENT OF TH	E INTERIOR	NM-01119		
GEOLOGICAL SI	JRVEY	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
SUNDRY NOTICES AND RE (Do not use this form for proposals to drill or to reservoir, Use Form 9–331–C for such proposals.)		7. UNIT AGREEMENT N	·	
		8. FARM OR LEASE NAM	IE	
1. oil ⊠X gas ☐ other	<b>OCT 21</b> 1983	Yates C Federal		
2. NAME OF OPERATOR		<b>9.</b> WELL NO. 15		
Exxon Corporation	O. C. D.	<del></del>		
3. ADDRESS OF OPERATOR	ARTESIA, OFFICE	Avalon - Delawar	AME	
	79702			
P.O. Box 1600; Midland, Tex		11. SEC., T., R., M., OR E AREA	ILK. AND SURVEY OR	
<ol> <li>LOCATION OF WELL (REPORT LOCATION)</li> </ol>	HON CLEARLY. See space 17			
AT SURFACE: 660' FWL & 660'	ESI of Soction	Sec. 31-20S-28E  12. COUNTY OR PARISH	13. STATE	
AT TOP PROD. INTERVAL:	FSL of Section			
AT TOTAL DEPTH:		Eddy 14. API NO.	New Mexico	
16. CHECK APPROPRIATE BOX TO IND	ICATE NATURE OF NOTICE	14. AFINO.		
REPORT, OR OTHER DATA	ionic introduction notice,	15 ELEVATIONS (CHOW	DE VDD AND WD	
		15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SL	JBSEQUENT REPORT OF:	3241' GR.	<del></del>	
TEST WATER SHUT-OFF			1440	
FRACTURE TREAT	님		OF LAND MANA	
SHOOT OR ACIDIZE	님	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	011111111111111111111111111111111111111	
PULL OR ALTER CASING	H	(NOTE: Report resultatof mu change on Ferm 9-	TODA	
MULTIPLE COMPLETE		•		
CHANGE ZONES		0	CT 19 1983 =	
ABANDON*			-01000	
(other) Set Casing	<del></del>	<i>1</i> :	151 z v	
17. DESCRIBE PROPOSED OR COMPLET including estimated date of starting a measured and true vertical depths for	any proposed work. If well is di	all pertinent details, and rectionally drilled, give sub	give pertinent date	
10-12-83 Spud 17 1/2" hole	@ 6 PM			
10-12-83 Set 13 3/8", H-40, sx Class C. cmt. c 53 hrs.	48# csg. @ 619' w/7 irculated. Test csg			
Subsurface Safety Valve: Manu. and Type _  18. I beceby certify that the foregoing is true  SIGNED Melba Amalu.				
	This space for Federal or State office			
	yours space for rederal or State office	ce use)		
APPROVED BY	TITLE	DATEACCEPTE	D FOR RECORD	

OCT 201983