

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
Exxon Corporation

3. ADDRESS OF OPERATOR
P.O. Box 1600; Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FWL & 660' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Set casing ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

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.)*

10-23-83 Set 8 5/8", 24#, K-55 csg @ 2513' w/1000 sx BJ Lite and 300 sx C1C.
Cmt did not circ. Temp. survey - TOC @ 410'. Could not get 1" down backside. Keith Hines, BLM, approved cmt. job. Test csg to 1000#.
WOC 48hrs.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Melba Kripling TITLE Unit Head DATE 10-31-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NOV 2 1983

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

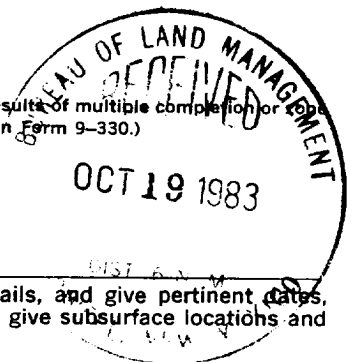
(Do not use this form for proposals to drill or to deepen a well. Use Form 9-331-C for such proposals.)

1. oil well <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	RECEIVED BY OCT 21 1983 O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR Exxon Corporation	
3. ADDRESS OF OPERATOR P.O. Box 1600; Midland, Texas 79702	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FWL & 660' 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 <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) Set Casing <input type="checkbox"/>	<input type="checkbox"/>

LEASE NM-01119	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Yates C Federal	
9. WELL NO. 15	
10. FIELD OR WILDCAT NAME Avalon - 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.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3241' GR.	

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



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.)*

10-12-83 Spud 17 1/2" hole @ 6 PM

10-12-83 Set 13 3/8", H-40, 48# csg. @ 619' w/700 sx Class CA, tailed w/300 sx Class C. cmt. circulated. Test csg. to 1000# for 30 min. WOC 53 hrs.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Melba Knipling TITLE Unit Head DATE 10-17-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: ACCEPTED FOR RECORD

OCT 20 1983

*See Instructions on Reverse Side