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UNITED STATES

DEPARTMENT OF THE INTERIOR

NOV 24 1982 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.)

NOV 19 1982

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
Exxon Corporation ☒ MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1880' FSL & 825' FWL
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* ☐
(other) ☐

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5. LEASE
NM-22628
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Scheidt Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat *milepost 1100*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T26, R26
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
30-015-22460
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3599' KDB

(NOTE: Report results of multiple completion or zone 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.)*

1. Swab well dry
2. Acidize top perfs (10,151'-10,165') w/2000 gals 7 1/2% more flo BC acid containing 1000 SCF N₂/bbl.
 - a. Pump 2000 gal acid w/N₂
 - b. Displace acid to perfs²+10 bbls⁺ of 3% KCl with 1000 SCF N₂/bbl
 - c. Shut in for 15-30 min.
 - d. Open well and flow back load

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

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

SIGNED *Sandy Graham* TITLE Unit Head DATE November 17, 1982

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 23 1982

FOR

JAMES A. GILHAM

DISTRICT SUPERVISOR See Instructions on Reverse Side