Form 9-331
Dec. 1973

RECEIVED BY
JUN 04 1985
O. C. D.
ARTESIA, OFFICE

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

4/SF

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
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:

5. LEASE
NM-22628

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SCHEIOT FEDERAL

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
~~WILDCAT~~ Wildcat Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 30, T-26, R-24

12. COUNTY OR PARISH
EDDY

13. STATE
N.M.

14. API NO.
30-015-22460

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3599 KDB

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) PERF	X	

(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. SET CIBP AT 10081' W/35' CMT CAP.
2. RIH W/TBG TO 9700'. TEST TO 5000#.
3. PERF 5" LINER 9788-9795 W/4 SPF TOTAL 31 SHOTS.
4. SWAB WELL-TEST.

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

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

SIGNED D. R. Lowe TITLE SR ADMIN DATE 5-24-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5 31 85
CONDITIONS OF APPROVAL, IF ANY: