

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM

5. LEAS.	88310 NM 059564
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	---
7. UNIT AGREEMENT NAME	---
8. FARM OR LEASE NAME	Isler Federal
9. WELL NO.	3
10. FIELD OR WILDCAT NAME	Undesig. Many Gates
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 29-9S-30E
12. COUNTY OR PARISH	Chaves
13. STATE	New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	4057' GR

RECEIVED

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.) 660' FSL & 660' FWL of Section
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

BUR. OF OIL & GASM.
ROSWELL DISTRICT

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"/>	

(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.)*

12-5-83 Set 13 3/8", K-55, 61# csg @ 892' w/890 sx Class C. Cmt circulated. Test csg. to 1900#. Held OK. WOC 54 hrs, 45 min.

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

18. I hereby certify that the foregoing is true and correct
SIGNED Edgar Kunkel TITLE Unit Head DATE 12-9-83

ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY (ORIG. SGD) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL DEC 27 1983

RECEIVED BY
DEC 28 1983
O.C.D.
ASST. DIR. OFFICE

RECEIVED
JAN 3 1984
O.C.D.
HOBBBS OFFICE