

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, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 1175' FWL of Section  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: UL-F

5. LEASE  
NM 9987

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Ryan Federal

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Wildcat Narrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T16S, R29E

12. COUNTY OR PARISH | 13. STATE  
Eddy | New Mexico

14. API NO.  
30-015-23611

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

RECEIVED  
FEB 09 1981

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

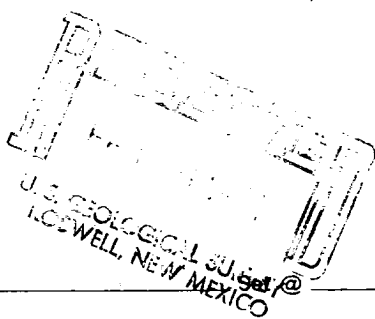
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
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) <u>Set casing</u>	

(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.)\*

Spud 17 1/2" hole 1-31-81.

1-31-81 Ran 8 jts 13 3/8", K-55, 54.5# csg set @ 329' w/500 sx Cl C. Cmt did not circulate. Ran 1" down backside. TOC 127'. Cmt. w/300 sx Cl C. Circulated.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED Melva Knippling TITLE Proration Specialist DATE 2-3-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

