

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: 407' FNL & 660' FWL 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:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

RECEIVED BY

MAY 15 1984

O. C. D.
ARTESIA, OFFICE

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

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FEB 9 10 08 AM '84

BUREAU OF REVENUE

POST OFFICE DISTRICT

5. LEASE
NM-46275
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--
7. UNIT AGREEMENT NAME
--
8. FARM OR LEASE NAME
Burton Flat "B" Fed
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Undesig. Avalon *Bone Spring*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1-21S-27E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3198' GR

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.)*

2-1-84 Ran 8 5/8", 24#, K-55 Csg. set at 2322' w/350 sx Class C, did not circ. Drop bomb to open DV tool, cement 2nd stage w/lead of 1000 sx B J lite and tail w/100 sx Class C neat. Circulated - WOC

Ran temp. survey - cmt. top at 810'. Pumped 275 sx Class C neat cmt. dn 1" pipe, circ. to reservoir.

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

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

SIGNED Neel Knippling TITLE Unit Head DATE 2-6-84

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

APPROVED BY SWB TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY
MAY 1 1984

Carlsbad, NEW MEXICO *See Instructions on Reverse Side