Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

C/SF

NM OIL CONSERVATION COMMISSION
Hobbs, New Mexico 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
NM-045320 1

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SQUAW FEDERAL

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
DELAWARE WEST DARK CANYON

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 13-23S-25E

12. COUNTY OR PARISH
EDDY

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3482' GR

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.)

RECEIVED BY
JUN 12 1984
O. C. D.
ARTESIA, OFFICE

1. oil well [X] 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: 2310' FNL AND 2240' FEL OF SEC
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) TEMPORARILY ABANDON	[X]		

RECEIVED
JAN 24 1985
O. C. D.
ARTESIA, OFFICE

(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. PULLED RODS AND TUBING
2. SET CIBP AT 4650' W/55' CMT ON TOP OF PLUG.
3. RIH W/145 JTS TUBING - CIRC HOLE W/150 BBLS PKR FLUID.
4. INSTALL MASTER VALVE ON TBG.
5. WELL TEMPORARILY ABANDONED. 6-4-84

APPROVED FOR 12 MONTH PERIOD
ENDING 1/24/86

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

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

SIGNED A. H. Love TITLE SR ADMIN DATE 6-11-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-23-85
CONDITIONS OF APPROVAL, IF ANY:

Post ID-2
2-1-85
TA