or zone

NM OIL CONS. COMMISS: Drawer DD

Form 9-331 Dec. 1973

Artesia, NM 88210

Form Approved. Budget Bureau No. 42-R1424

## UNITE DEPARTMENT **GEOLOGI**

UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE  NM-10592  6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
(Do not use this form for proposals to drill or to deepen or play back to a different reservoir. Use Form 9–331–C for such proposals.)			
1. oil gas well other other  2. NAME OF OPERATOR	Starman Federal  9. WELL NO. 1		

gas **X** well well 2. NAME OF OPERATOR Exxon Corporation 3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, ATT SIA 05FIC 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 2180' FSL and 860' FEL of Section AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

Wildcat Dane 101 11. SEC., T., R., M., OR BLK. AND SURVEY OR

10. FIELD OR WILDCAT NAME

Sec. 17, T26S, R26E 12. COUNTY OR PARISH 13. STATE New Mexico Eddy

14. AP! NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3452' GR

SUBSEQUENT REPORT OF:

port results of multiple

OHL & GAS MINERALS MGMT, SERVICE

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** 

REPORT, OR OTHER DATA

ABANDON\* (other) Amend casing and cementing programs

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.)\*

Please amend the casing and cementing program for the above well as follows:

Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Quantity of Cement
26"	20"	133.0#	40 '	25 sx
17 1/2"	13 3/8"	48.0#	595'	500 sx
11"	8 5/8"	24.0#	1600'	500 sx
7 7/8"	5 1/2"	17.0#	8900'	700 sx

Subsurface Safet	ty Valve: Manu. and Type		Set @	Ft.
18. I hereby cert	ify that the foregoing is true and correct			
SIGNED MO	that Triffe Unit Head	DATE	March 1, 1983	
	(ORIG. SGD.) DAVID R. GLASS	fice use)		
APPROVED BY	TITLE	DATE _		
CONDITIONS OF	NPPROVALIZERANYO 1983			
	DISTRICT SUPERMINOR See Instructions on Reverse			
!	SEPERATION SEPERATION SEPERATION OF Reverse	Side		