

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.)

RECEIVED

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Exxon Corp. ✓
3. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, TX 79072
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, 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:

- ☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM-10592
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Starman Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-26S-26E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3452' GR

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

MAR 21 1983

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 azimuth, bearings and measured and true vertical depths for all markers and zones pertinent to this work.)

3-2-83 Set 8 5/8", K-55, 24# csg @ 1613' w/350 sx BJ Lite, tailed w/200 sx CL C. Bump plug @ 0115. Cmt. did not circulate. TOC 100' by temp. survey. Ran 1", cmt w/80 sx Cl C @ 1545 hrs. WOC 8 hrs. 15 min. Test csg. to 2000#.

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

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

SIGNED Melba Kripling TITLE Unit Head DATE March 17, 1983

ACCEPTED FOR RECORD

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO