

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 ☐ gas ☒ 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 and 1176' 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) Report of Operations

SUBSEQUENT REPORT OF:

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ROSWELL, NEW MEXICO

5. LEASE

NM-9981

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30, T16S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

30-015-23611

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

3685' GR

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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.)*

11-27-81 MIRU WSU

11-30-81 Drld cmt 2359-2450'

12- 1-81 Set CIBP @ 2450', capped w/10 sx cmt. Perf 8 5/8" csg. 2363-2376' w/28 shots

12- 2-81 Acidize perms w/1500 gal 15% HCl

12- 3-81 Frac perms 2363-2376' w/20,000 gal 2% KCl wtr and 21,000# 20-40 sand

12-14-81 Set CIBP @ 2310' capped w/30' cmt.

12-15-81 Set CIBP @ 2320' capped w/35' cmt.

12-16-81 Perf 8 5/8" csg 1828-1844 w/32 shots—

12-18-81 Acidize perms w/1500 gal 15% NEFE HCl. Swbg and rec. LWTR.

SD for holidays.

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

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

SIGNED Melba Kimpeling TITLE Unit Head DATE 6 January 1982

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

ROGER A. CHAPMAN

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1981

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Instructions on Reverse Side