Form 9-331 Dec. 1973

NW OLY CONS. COMMISSION

Dra DD

JAMES A. GILLHAM

DISTRICT SUPERVISOR

Artesia, NM 88210

UNITED STATES

Form A	pproved		
Budget	Bureau	No.	42-R1424

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM-9987
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepeat or plugatiack to a different reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas some of some gas well other of 8 1982	Ryan Federal
	9. WELL NO. 1
2. NAME OF OPERATOR \(\sqrt{\text{O}} \) \(\text{O}, \(\text{C}, \text{D}, \)	10. FIELD OR WILDCAT NAME
Exxon Corporation 3. ADDRESS OF OPERATOR ARTESIA, OFFICE	Wildest East Red Kale G-G
P. O. Box 1600, Midland, Texas 79702	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
halow \	Sec. 30, T16S, R29E
AT SURFACE: 1980' FAL AND 1175' FUL CESEC.	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Eddy New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	3685' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Add perf Penrose x 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state)	(NOTE: Report results of multiple completion or zone change on Form 9-330.) te all pertinent details, and give pertinent dates,
including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined. 1. Kill well	lirectionally drilled, give subsurface locations and
 Perf 1764'-1778', 1800'-1809', 1812'-1814 w/1 SPF. Present perf 1828'-1844. 	', 1850'-1856', 1867'-1890'
3. Acidize w/1800 gal 7 1/2% FE HCl	
4. Frac w/69,000 gal gelled 2% KC1, 42,000# sand.	20/40 sand plus 42,000# 10/20
5. Swab well in.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED J. J. Zauce TITLE Sr. Administr	ator DATE <u>September 21, 1982</u>
APPROVED (This space for Federal or State of	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	DATE
ACT 6 1982	

*See Instructions on Reverse Side