

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 ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR

EXXON CORPORATION, N.O.C.D.

3. ADDRESS OF OPERATOR

Box 1600 MIDLAND TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980 FNL AND 1175 FWL 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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) ☐

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

☒

5. LEASE

NM-9987

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

RYAN FEDERAL

9. WELL NO.

10. FIELD OR WILDCAT NAME

WILDCAT E. Rd. P. Q-6

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

SEC 30 T-16-S R-29-E

12. COUNTY OR PARISH 13. STATE

EDDY

N.M.

14. API NO.

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

3695 GR

(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 1140' - CAPPED W/35' CMT.
3. CIRC HOLE W/9.5" SALT WTR MUD.
4. SET SDSX PLUG FROM 380' TO 200', SET 10SX PLUG AT SURFACE.
5. INSTALLED DRYHOLE MARKER. CLEAN AND LEVEL LOCATION.

Post ID-2  
3-21-86  
P4A

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED D. F. Lowe TITLE SR ADMIN DATE 3-8-85

(This space for Federal or State office use)

APPROVED BY Craig S. ... TITLE \_\_\_\_\_ DATE 3-13-85  
CONDITIONS OF APPROVAL IF ANY: