

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to backfill a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐

O. C. D.
ARTESIA, OFFICE

2. NAME OF OPERATOR

EXXON CORPORATION

3. ADDRESS OF OPERATOR

Box 1600 MIDLAND, TEXAS 79702

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

AT SURFACE: 660' FEL AND 860' ENL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) INSTALL PUMPING UNIT 7-30-83

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.)*

WELL PLACED ON PUMP 7-30-83.

5. LEASE

NM-24155

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ALLEN FEDERAL

9. WELL NO.

10. FIELD OR WILDCAT NAME

EAST RED LAKE QUEEN GRAYBURG

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

SEC 25, T-16-S, R-28-E

12. COUNTY OR PARISH

EDDY

13. STATE

NEW MEXICO

14. API NO.

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

3664 GR

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

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

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

SIGNED

D. F. Lowe

TITLE

SRADMIN

DATE

8-29-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 2 1983

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AUG 31 1 06 PM '83