

5. LEASE

NM-9987

1. oil well ☒ gas well ☐ other ☐

Sept 1 1982

2. NAME OF OPERATOR
Exxon Corporation

O. C. D.
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR

P.O. Box 1600, Midland, TX 79702

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

AT SURFACE: 1780' FNL and 660' FEL of Section
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

10. FIELD OR WILDCAT NAME
Undesignated 5/1/71

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

Sec. 19, 16S, 29E

12. COUNTY OR PARISH Eddy	13. STATE New Mexico
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14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 3630

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)

RECEIVED (NOTE: Report change)
JUN 25 1982

(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.)*

Drilled 7 7/8" hole to 2310' T.D.

Ran 2300' 54 joints 5 1/2" 14# K-55 casing set at 2300'.

Cement w/450 sx Howco lite, tailed w/200 sx class "C", POB 3:00 p.m. 5-1-82.

Cement did not circulate, top of cement 500'. Temp. survey.

Tested casing w/1000# 5-13-82, held OK.

Preparing to perf.

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

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

SIGNED E. F. Solove TITLE Sr. Administrator DATE 6/24/82

(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**

JUN 30 1982
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U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO