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O. C. D.

ARTESIA, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NEW MEXICO OIL AND GAS COMMISSION

Form Approved.
Budget Bureau No. 42-R1424

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

Box 1600 MIDLAND TEXAS 79702

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

AT SURFACE: 1980' ENL & 660' FEL OF SECTION 1

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:

☐

☐

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5. LEASE

NM-14747

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

PANDOS FEDERAL

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

UNDESIG. ANTELOPE SINK
(UPPER PENN)

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

SEC 1-19S-23E

12. COUNTY OR PARISH

EDDY

13. STATE

NEW MEXICO

14. API NO.

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

3811 3815 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. PRESSURE TEST ANNULUS TO 1000 PSI.

2. FRAC PERFS 6243-6458' W/34,000 GAL NF40 FLUID AND 24,000 GAL 15% HCL.

3. TEST WELL. RUN 12HR BHP BU & 4PT TEST.

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

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

SIGNED

L. A. Lowe

TITLE

SR. ADMIN.

DATE

12-6-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-11-84

CONDITIONS OF APPROVAL IF ANY: