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RECEIVED BY
FEB 25 1985
O. C. D.
ARTESIA, OFFICE

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 ✓

3. ADDRESS OF OPERATOR
BOX 1600, MIDLAND, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FEL OF SEC
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-14747

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
PANOS FEDERAL

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
WINDESIGNATED ANTELOPE SINK (UPPER PENN)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 1, T-19-S, R-23-E

12. COUNTY OR PARISH
EDDY

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3815 GR

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)			

(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. FRAC PERFS 6243-6458' W/24,000 GAL WF 40 AND 24,000 GAL 15% HCL ACID.

2. TESTED WELL 15-DAYS - FINAL TEST - SITP 600#, BLED DOWN IN ½ HR. IFL 5200-6200'. 6 HR. SWAB TEST REC 25 BLW, FFL 6000' - TRACE OF OIL. WORKOVER UNSUCCESSFUL.

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

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

SIGNED D. F. Lowe TITLE _____ DATE 2-10-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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*See Instructions on Reverse Side