Form 9-331
Dec. 1973

NM OIL CONS. COMMIS. N
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
NM-31200 RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME JAN 18 1983

8. FARM OR LEASE NAME O. C. D.
LAKEWOOD FE ARTESIA, OFFICE

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
~~WILDCAT~~ Und. S.R.-Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 34 T19S R25E

12. COUNTY OR PARISH
EDDY

13. STATE
NEW MEXICO

14. API NO.

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

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
P.O. Box 1600 MIDLAND, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2190' FSL AND 588' FEL 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:		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
DEC 23 1982
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

(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 3665'. T.D.
RAN 3652' OF 5½" 14# CSG SET AT 3652. CMT W/230 SX CL "C" WT. 12.9, TAILED W/300 SX CL "C" WT. 14.8
CIRC 50 SX TO SURFACE. BUMP PLUG AT 5:AM 12-10-82. 1000#.
TESTED 5½" CSG 12-17-82 W/3000# - 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 D. A. Lowe TITLE SR ADM. N DATE 12-22-82

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
JAN 17 1983
MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side