

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.)

RECEIVED

1. oil ☐ gas ☒ other

SEP 17 1982

2. NAME OF OPERATOR

Exxon Corporation

O. C. D.

3. ADDRESS OF OPERATOR

ARTESIA, OFFICE

P. O. Box 1600, Midland, TX 79702

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

660 FNL 1980 FNL

AT SURFACE: 1980' FSL and 660' FNL of Section

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* ☐

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(other) Construct Tank Battery

5. LEASE
NM-0119
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

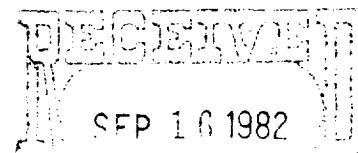
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Yates Federal "C"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Burton Flat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T20S, R28E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
30-015-24047
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3259' 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.)*

Attached is a sketch of production facilities for the above well. The produced oil and water from the well will be transported initially by trucking firms.



Subsurface Safety Valve: Manu. and Type

Set @ GAS

Ft.

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

SIGNED Melba Snipling

TITLE Unit Head

DATE September 14, 1982

APPROVED BY (Orig. Sgd.) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

(This space for Federal or State office use)

TITLE

DATE

SEP 16 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side