

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL CONS. COMMISSION
Dr. DD
Artesia
83210

c/SF
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 ☒ 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: 660' ENL AND 660' FWL OF SEC
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM-01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
YATES C FEDERAL

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
AVALON DELAWARE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 31, T-20-S, R-28-E

12. COUNTY OR PARISH
EDDY

13. STATE
NEW MEXICO

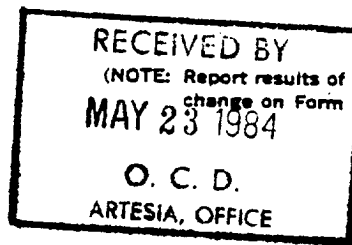
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3272.5 GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) PLUG BACK TO UPPER DELAWARE



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. PULL TUBING AND RODS.
2. PERF 5 1/2" CSG 2506-2726 W/30 SHOTS
3. SET BP AT 2800' - TEST TO 2000 PSI.
4. ACIDIZE PERF 2506-2726 W/3000 GAL 15% NEHCL.
5. RELEASE BP - SET AT 3000' - TEST TO 2000 PSI. PER SET AT 2800'
6. SWAB AND TEST.
7. FOAM FRAC W/52,000 GAL PLWS 36,000# 20-40 SAND, 32,000# 10-20 SAND.
8. FLOW/SWAB BACK LOAD. ESTABLISH PRODUCTIVITY - IF WELL DIES, PULL BP AND RETURN WELL TO PRODUCTION.

* 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. ADMIN DATE 5-14-84

(This space for Federal or State office use)
APPROVED BY P. Pitschke TITLE P.E. DATE 5/22/84
CONDITIONS OF APPROVAL, IF ANY: