Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Roswell, NM 88210

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' FNL AND 660' FWL OF SEC
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 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) PLUG BACK TO UPPER DELAWARE	☒		

RECEIVED BY
JUL 11 1984
O. C. D.
ARTESIA, OFFICE

(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. PULL PUMPING EQUIPMENT.
2. PERF 5½ CSG 2506-2726' w/30 SHOTS
3. ACIDIZE PERFS 2506-2726' w/3000 GAL 15% NEHCL.
4. SET BP AT 3000', TEST TO 2000#.
5. FRAC PERFS 2506-2726 w/64,000 GAL 75% FOAM, PLUS 56,000# 20-40 SAND, 52,000# 10-20 SAND.
6. TESTED 5-DAYS - FINAL TEST FLOW 98 BO, 13 BW, FTP 300#, 8/64 CK.

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

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

SIGNED D. J. [illegible] TITLE SR. ADMIN DATE 6-27-84

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

JUL 9 1984

Carlsbad NEW MEXICO

*See Instructions on Reverse Side