

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL COYS. COMMISSION
Drawn by: Antecor
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Exxon Corporation / Attn: Permits Supervisor

3. ADDRESS OF OPERATOR
P.O. Box 1600, Midland TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FNL & 560' FEL of Sec. 31

14. PERMIT NO.
30-015-24337

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3240 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Yates Federal C

9. WELL NO.
9

10. FIELD AND POOL, OR WILDCAT
Avalon (Delaware)

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 31, T20S, R28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

11-27-89 MIRU, NU BOPS and test.
11-28 Perf: 2538 - 2788, 74 shots.
11-29 Set CIBP @ 3100 and cap w/ 2 sxs cmt. Acidize w/3570 gal of 7 1/2% HCL.
11-30 thru 12-5 Well swabbed and SI.
12-6 Frac w/ 50,500 gal of gelled water, nitrogen foam and 96200# 12/20 sand.
12-7 thru 12-11 Swab and flow well.
12-12&13 Bail hole clean.
12-14 Remove CIBP and cmt cap. Run tbq and BHA.
12-15 thru 12-19 PWOP.
12-20 Rerun 2 7/8 tbq to 2429 (SN), and 2 1/2 x 2 x 24' rod pump.
12-21 thru 26 PWOP, 12-26-89 71 BO, 277 BW, 48 KCF/D

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

SIGNED

Stephen Johnson (915) 688-7548

TITLE

Administrative Specialist

DATE

1-3-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side