| | as line | - 1 | - | 617 T.C | 10h C/S | | | | | | | |
|--|---------------------|-----------|--|---------|---------------------------------------|--|------------------------|---------|----|---------|--|----|
| Form 9-331 Dec. 1973 | |) Arto | | | Approved. t Bureau No. 42–R1424 | | | | | | | |
| UNITED STAT | ÈS | | LEASE | ~ | | | | | | | | |
| DEPARTMENT OF THE INTERIOR | | | NM-01119 | | | | | | | | | |
| GEOLOGICAL SURVEY | | 6. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | | | | | | | | |
| 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.) | | ent | 7. UNIT AGREEMENT NAME | | | | | | | | | |
| reservoir. Use Form 9–331–C for such proposals.) String (a) 1. oil gas | | | 8. FARM OR LEASE NAME Yates ^C Federal " C"- | | | | | | | | | |
| well XXX well other | | 9 | 9. WELL NO. | | | | | | | | | |
| 2. NAME OF OPERATOR | | | 12 | | | | | | | | | |
| EXXON CORPORATION | | | 10. FIELD OR WILDCAT NAME | | | | | | | | | |
| 3. ADDRESS OF OPERATOR | | | Avalon - Dilaware | | | | | | | | | |
| P O Box 1600, Midland TX 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FEL & 1980' FSL of | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-20S-28E 12. COUNTY OR PARISH 13. STATE | | | | | | | | | |
| | | | | | | | AT TOP PROD. INTERVAL: | | | Eddv | | NM |
| | | | | | | | AT TOTAL DEPTH: | Section | 14 | API NO. | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | | | | | | | | | | | |
| | | | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | | | | | | | | |
| | | | 3218.6 | | , , _ , | | | | | | | |
| REQUEST FOR APPROVAL TO: SUI | BSEQUENT REPORT OF: | | | | | | | | | | | |
| TEST WATER SHUT-OFF | | | | | | | | | | | | |
| REPAIR WELL Image: Casing image: Casing image: Casing image: Casing image: Casing image: Change zones image: Change zones image: Change zones image: Casing image: Casin | | () | (NOTE: Report results of multiple completion or zone change on Form 9–330.) | | | | | | | | | |
| (other) <u>Set casing</u> | | | | | | | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |

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.)*

6/29/83 Set 8 5/8", K-55, 32 # csg @ 2495' w/550 sx BJ Lite, tailed w/300 sx ClC. Cmt. did not circulate. Temp survey - TOC110'. Ran 1" & cmt. 15 sx ClC. Cmt. Circ. Test csg to. 1500#. Held OK. WOC 20:30 drw.

| | RECEIVED BY |
|---|-----------------------------|
| | |
| | AUG 3 0 1983 |
| | O. C. D. ARTESIA, OFFICE |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct SIGNED Melba Mipling THTLE Uni | t Head DATE7/6/83 |
| this space for Fede | ral or State office use) |
| APPROVED BY TITLE TITLE TODOLOGICAL, IF ANY: | DATE ACCEPTED FOR RECORD |
| | AUG 2 6 1983 |

*See Instructions on Reverse Side