

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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.) ~~660' FSL~~ and ~~1980' FSL~~ of Section
AT SURFACE: ~~660' E~~
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* ☐

(other) Amend Total Depth

5. LEASE
N M - 01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates Federal C Field

9. WELL NO.

12

10. FIELD OR WILDCAT NAME

Burton Flat - Undesignated Well

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 31 - 20S - 28E

12. COUNTY OR PARISH 13. STATE

Eddy County

N M

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3218.6' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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MAY 12 1983

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.)*

Please amend the total depth from 4700' to 5000'.

RECEIVED

JUL 05 1983

O. C. D.
ARTESIA, OFFICE

ROSWELL, NEW MEXICO

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

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

SIGNED Meiba Knippling TITLE Unit Head DATE May 6, 1983

Meiba Knippling

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY

JUN 30 1983