OIL CONS. COMMISSION Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE Artesia, NM 88210 DEPARTMENT OF THE INT NM-01119 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back reservoir. Use Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME 1. oil <u>Yates Federal C</u> gas X other well well 9. WELL NO. 2. NAME OF OPERATOR 10 Exxon Corporation 10. FIELD OR WILDCAT NAME Undesig. Muol Burton Flat (Delaware) World 3. ADDRESS OF OPERATOR TXARTESIA OFFICE P. O. Box 1600, Midland, 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Sec. 31-20S-38E AT SURFACE: 1980' FWL and 1980' FSt of Section 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Eddv New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 30-015-24376 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3252' GR SUBSEQUENT REPORT OF: **REQUEST FOR APPROVAL TO:** TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL Report results of multiple comp on or zone PULL OR ALTER CASING Anange on Form 9-330. MULTIPLE COMPLETE MAR 1 7 1983 CHANGE ZONES ABANDON\* DIL & GAS Amend Casing Program (other) MINITARIO MOIAT, SEPTICE 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 casing and cementing program for the above well as follows: Size of Hole Size of Casing Weight per Foot Setting Depth Quantity of Cement 26" 20" 106.5# 40' 25 sx Redimix 17 1/2" 13 3/8" 72.0# 600' 500 sx 11" 8 5/8" 24.0# 500 sx (into surf. 2500' csg.) 7 7/8" 5 1/2" 14.0# 4700' 500 sx Subsurface Safety Valve: Manu. and Type \_ \_ Set @ \_\_\_\_\_ Ft. 18. I hereby certify that the foregoing is true and correct Unit Head DATE <u>March 16</u>, 1983 TITLE \_

(This space for Federal or State office use) APPROVED BY TITLE . \_\_ DATE \_ CONDITIONS OF APPROVAL, IF ANY: MAR 118 1983 CHARAM DISTRICT SUPERVISOR See Instructions on Reverse Side