C/87

Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM   5. LEASE

NM – 01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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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.)

7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Yates Federal C

1. oil well ☒   gas well ☐   other

9. WELL NO.

10

2. NAME OF OPERATOR

Exxon Corporation

10. FIELD OR WILDCAT NAME

Avalon (Delaware)

3. ADDRESS OF OPERATOR

P. O. Box 1600, Midland, Texas 79702

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

Section 31–20S–28E

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FWL and 1980' FSL of Section.
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

12. COUNTY OR PARISH | 13. STATE

Eddy | New Mexico

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3252' GR

	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) Set Casing.		

(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.)*

6/01/83: Spud 17 1/2" hole.

6/03/83: Set 13 3/8", 48#, K-55 csg @632' w/225 sx Cl BJ Lite tailed w/300 sx
Cl. C. Cmt circulated. WOC 25 1/2 hrs. Test csg. to 2,000# for 30 min.

RECEIVED

JUL 0 5 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 Charlotte Harper   Melba Knipling   TITLE Unit Head   DATE June 15, 1983

(This space for Federal or State office use)

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

*See Instructions on Reverse Side