Form 9-331
Dec. 1973

Budget Bureau No. 42-R1424

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O. C. D.
ARTESIA, OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 DISPOSAL
2. NAME OF OPERATOR
EXXON CORPORATION
3. ADDRESS OF OPERATOR
BOX 1600, MIDLAND, TEXAS 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' FEL OF SECTION
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-01119
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
YATES "C" FEDERAL
9. WELL NO.
11
10. FIELD OR WILDCAT NAME
AVALON DELAWARE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 31, 20S-28E
12. COUNTY OR PARISH
EDDY
13. STATE
NEW MEXICO
14. API NO.
30-015-24377
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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)			

(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.)*

1. ACIDIZE W/8000 GAL INHIBITED 15% NE-FE HCL.
   A. PUMP 2000 GAL ACID THEN DROP A 150 LB SLUG OF ROCK SALT IN 10 BBL GELLED BRINE WTR.
   B. REPEAT STEP A TWO MORE TIMES.
   C. PUMP REMAINING 2000 GAL ACID.
   D. FLUSH W/40 BBL DISPOSAL WTR. SI FOR 2 HRS AND THEN FLOW BACK TO CLEAN UP WELL. PUMP AT 2 BPM AND NOTE PRESSURE REQUIRED.
2. RWTP TO STABILIZE RATE.

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

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

SIGNED D. F. Lowe TITLE SR. ADMIN. DATE 8-15-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-28-84
CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT RESOURCE AREA MANAGER

*See Instructions on Reverse Side