

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 a well in a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

MAR 23 1983

2. NAME OF OPERATOR
Exxon Corporation

O. C. D.

3. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, TX 79702

ARTESIA, OFFICE

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FEL and 660' FSL of Section
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* ☐

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(other) Amend casing program

5. LEASE
NM-01119
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Yates Federal C-
9. WELL NO.
14
10. FIELD OR WILDCAT NAME Undesig.
Burton Flat (Delaware) Custom
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.
30-015-24378
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3212.8

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

RECEIVED

MAR 17 1983

OIL & GAS

MINERALS MGMT. SERVICE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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#	2500'	500 sx (into surf. 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

SIGNED Melvin Sniffing TITLE Unit Head DATE March 16, 1983

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF

APPROVAL IF ANY
MAR 23 1983

TITLE

DATE

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side