

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 change back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ 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' FWL 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\* ☐  
(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

9. WELL NO.

15

10. FIELD OR WILDCAT NAME Undesig.

Burton Flat (Delaware) *Calson*

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.

30-015-24379

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

3241' GR

(NOTE: Report results of multiple completion or zone  
on Form 9-331-1983)

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 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 *Melba Kripling* TITLE Unit Head DATE March 16, 1983

APPROVED (This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL IF ANY:

MAR 18 1983

JAMES A. GILHAM  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side