

UN. D STATES Artesia, NM 88210  
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 ☐

2. NAME OF OPERATOR  
Exxon Corporation

### 3. ADDRESS OF OPERATOR

P.O. Box 1600, Midland, Tx 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FWL and 660' FSL of section  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) Amend casing program

SUBSEQUENT REPORT OF:

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RECEIVED BY

SEP 26 1983

O. C. D.  
ARTESIA, OFFICE

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

## RECEIVED

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 program as follows:

### PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
26"	20"	94#	40'	Redimix to surface
17-1/2"	13-3/8"	48#	600'	500 sx <b>CIRCULATE</b>
11	8-5/8"	24#	2500'	700 sx <b>CIRCULATE</b>
7-7/8"	5-1/2"	14#	5000'	700 sx

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Melissa Knippling TITLE Unit Head DATE 9/21/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE \_\_\_\_\_

SEP 25 1983