

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL & GAS COMMISSION
Drawer DD
Alamogordo, NM 88210

c/s 7
Form Approved.
Budget Bureau No. 42-R1424

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.)

AT SURFACE: 660' FWL and 1980' 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.
13
10. FIELD OR WILDCAT NAME Undesig.
Burton Flat (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.
30-015-24386
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3272.8'

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

MAR 17 1983

OIL & GAS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled, include survey data, 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 Knipping 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