Drawer DD

Artesia, NM 886

Form Approved.

Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GFOLOGICAL SURVEY

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MV	-01119				
6.	IF INDIAN,	ALLOTTEE	OR	TRIBE	NAME

GEOEOGICAE GORVET	<u> </u>
SUNDRY NOTICES AND REPORTS ON WELLS to not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME AUG, 0 9 1983
1. oil gas uvell other	Yates Federal "C" Far. 9. WELL NO. O. C. D.
2. NAME OF OPERATOR Exxon Corporation	13 ARTEGIA, OFFICE 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P O Box 1600, Midland, TX 79702	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FWL & 1980' FSL of Section	AREA Sec. 31-20S-28E
AT SURFACE: AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Eddy NM
AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF. KDB. AND WD)

LG. CHECK APPROPRIATE	вох то	INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER [DATA		15. ELEVATIONS (SHOW DF, KDB, AND
			3272.8'GR
REQUEST FOR APPROVAL	TO:	SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF			
FRACTURE TREAT			
SHOOT OR ACIDIZE			
REPAIR WELL			(NOTE: Report results of multiple completion or
PULL OR ALTER CASING	П		change on Form 9-330.)

(other) Sct casing 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.)*

7-14-83: Spud 17 1/2" hole @ 5:30 p.m.

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

7-14-83: Set 13 3/8", K-55, 72 # csg. @ 619' w/450 sx BJ Lite, tailed

1000 sx C1C. Cmt. Cir. Test csg to 1000#. Held OK. WOC

zone

Set @ . Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct

__ DATE __ July 18, 1983 19 TITLE Unit Head //(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 8 1983

*See Instructions on Reverse Side