

UNITED 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 & 1980' 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Set casing ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
ates Federal C
9. WELL NO.
13
10. FIELD OR WILDCAT NAME
Avalon
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.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3272.8' GR

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

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.)*

7-20-83 Set 8 5/8", K-55, 24# csg. @ 2493' w/1400 sx Lite and tailed w/300 sx Clc. Cmt. did not circ. Temp Survey - TOC @ 660'. Ran 1" & cmt. w/280 sx. Cmt. Circ. WOC 18 hours, 45 min. Test csg. to 2000# for 30 min.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Melba Knippling TITLE Unit Head DATE August 1, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

AUG 16 1983

ROSWELL, NEW MEXICO