NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

c/sf

Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
OCT 29 1984
O. C. D.
ARTESIA, OFFICE

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
BOX 1600, MIDLAND, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: ~~1980' FSL & 660' FWL~~ 1576 FSL & 660' FWL OF SEC.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
YATES "A" FEDERAL

9. WELL NO.
22

10. FIELD OR WILDCAT NAME
~~WILDCAT~~ AVALON BONE SPRING

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 4, T-21-S, R-27-E

12. COUNTY OR PARISH
EDDY

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3194 GR

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) PERF	X		

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

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.)*

1. PULL RODS AND TUBING.
2. PERF 5½" CSG 5166-5176 W/4 SPF SET RBP AT 6000' W/PKR AT 5000'
3. ACIDIZE W/1000 GAL INHIBITED 15% NEHCL.
4. SWAB TEST - IF RESULTS ARE NOT SATISFACTORY - FRAC W/20,000 GAL DOWELL'S YFG02 FRAC FLUID, PLUS 33,000# 20-40 SAND.
5. PULL RBP AND PKR - PLACE WELL ON PUMP

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

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

SIGNED A. L. Romero TITLE SR ADMIN DATE 10-26-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE ~~ACTING DISTRICT SUPERVISOR~~ AREA MANAGER DATE 10-26-84
CONDITIONS OF APPROVAL, IF ANY: