

Form 9-331  
RECEIVED BY  
MAR 14 1985  
O.C.D.  
ARTESIA OFFICE

RECEIVED BY  
MAR 20 1985  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
ARTESIA OFFICE

Form Approved.  
Budget Bureau No. 42-R1424

458

### 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: 1557' FNL & 660' FWL OF SEC.

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)

SUBSEQUENT REPORT OF:

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5. LEASE

NM-01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

VATES "C" FEDERAL

9. WELL NO.

22

10. FIELD OR WILDCAT NAME

WILDCAT 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

(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. PULLED RODS AND TUBING.

2. PERF 5 1/2" CSG 5166-5176 W/41 SHOTS. RBP SET AT 6,000' W/PKR AT 4987'.

3. ACIDIZE PERFS 5166-5176' W/1000 GAL 15% NEHEL. FRAC PERFS W/8500 GAL XL 4, 21000# 20-40 SAND, 40 TONS CO2. TESTED 3 DAYS RECOVERED 18 BD, PLUS 225 BLW.

4. PULLED BP AND PKR.

5. WELL PLACED ON PUMP - TESTED WELL 5-DAYS - FINAL TEST 10 BD PLUS 25 BLW.

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

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

SIGNED

*A. P. L...*

TITLE

SR. ADMIN.

DATE

3-11-85

MAR 19 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: