

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Alamogordo, NM 88210

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, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 760' ENL & 1980' 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) PERF-ALDIZE-FRAC

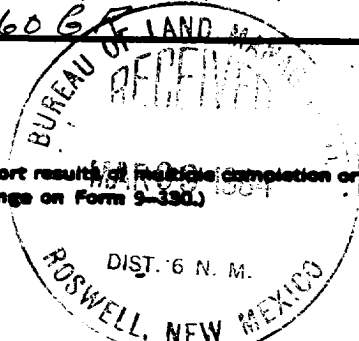
SUBSEQUENT REPORT OF:

RECEIVED BY

MAR 26 1984

O. C. D.
ARTESIA, OFFICE

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 PRODUCTION EQUIPMENT.
2. SET CIBP AT 3500' w/30' CMT CAP.
3. PERF 5 1/2" CSG 2568-2588 w/ISPR. PERF 2601-2605' w/2SPF.
4. TEST TBG TO 5000 PSI. SET PRP AT 2605'. ACIDIZE w/2500 GAL ACID.
5. FOAM FRAC w/32,000 GAL 75% QUALITY FOAM PLUS 18000# 20-40 AND 16,000# 10-20 SAND.
6. TEST WELL.

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

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

SIGNED J. P. Lowe TITLE SR. ADMIN. DATE 3-6-84

APPROVED

(This space for Federal or State office use)

APPROVED BY (Sgt. Sgd.) PETER W. CHESTER

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 22 1984