Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

UNITED STATES
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, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 760' FNL & 1980' 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 "C" FEDERAL

9. WELL NO.
17

10. FIELD OR WILDCAT NAME
AVALON DELAWARE

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)
3260 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-ACIDIZE-FRAC	

RECEIVED BY
MAR 26 1984
O. C. D.
ARTESIA, OFFICE

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

BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO
DIST. 6 N. M.

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 5½" CSG 2568-2588 W/1SPF. PERF 2601-2605' W/2SPF.
4. TEST TBG TO 5000 PSI. SET PKR 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 D. F. Lowe TITLE SR. ADMIN. DATE 3-6-84

APPROVED
(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 22 1984

*See Instructions on Reverse Side