NN OIL CONS. COMMI TON Drawer DD

Form 9-331 Dec. 1973

FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL

ABANDON*

Artesia, IN 8

Form Approved.

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

PULL OR ALTER CASING

(other) Set casing

MULTIPLE COMPLETE **CHANGE ZONES**

Dec. 1973 Artesia, LA	88210 Budget Bureau No. 42-R1424		
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM-01119		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
GEOLOGICAL SURVEI	- I Mount, ALLO TEL ON TRIBE HAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a diffe	7. UNIT AGREEMENT NAME		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. oil gas	Yates C Federal		
well X well other	9. WELL NO.		
2. NAME OF OPERATOR	31		
Exxon Corporation	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Undesig. Avalon		
P.o. Box 1600, Midland, TX 79702	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space			
below.) 1830' FSL & 1980' FEL of Section	Sec. 5-21S-27E		
AT SURFACE:	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Eddy NM		
	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTI	CE,		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3258' GR		
TEST WATER SHUT-OFF	- Water Carlotte Carl		

SUBSEQUENT REPORT OF: RECEIVED BY OCT 05 1985 Report results of multiple; completion or zone change on Form 9-220 change on Form 9-330.) H O. C. D. ARTESIA, OFFICE

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.)*

9/25/83 - Set 8-5/8", K-55, 24# csg. @ 2491' w/750 sx BJ Lite and tailed w/300 sx ClC. Cmt. Circ. Test csg to 1500# for 30 min. WOC 34 hrs, 30 min.

Subsurface Safety Valve: Manu. and Type		Set @ F		
18. I hereby certify that the foregoing is	s true and correct	DATE	9/28/83	
	This space for Federal or State offi	ce use)		
APPROVED BY	TITLE	DATE _	ACCEPTED FOR RE	FCORD