

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

OCT 26 '94

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

O. C. D.
ARTESIA OFFICE

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.
P. O. BOX 1600 MIDLAND, TX 79702 (915) 688-6782

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1830' FSL & 1980' FEL, SEC 5, T21S, R27E

5. Lease Designation and Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
YATES C FEDERAL 31

9. API Well No.
3001524566

10. Field and Pool, or Exploratory Area
ALCRAN HILLS ATOKA GAS

11. County or Parish, State
EDDY NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	

WELL PASSED PRESSURE TEST
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

COPY OF THE PRESSURE TEST WITNESSED BY CATHY QUEEN ON SUBJECT WELL IS ATTACHED AND CONTINUANCE OF SI STATUS IS REQUESTED.

WELL IS SI BECAUSE IT CANNOT PRODUCE DUE TO THE HIGH PRESSURE OF THE GAS LINE IT IS CONNECTED TO.

RECEIVED
OCT 12 10 49 AM '94
CARRASCO AREA

24 1994

SV

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

Signed

Alex M. Correa

Title

**Alex M. Correa
Sr. Regulatory Specialist**

Date **10/07/94**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

