

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

MAR 27 1984

O. C. D.
ARTESIA, OFFICE

Form Approved
Budget Bureau No. 42-R1424

5. LEASE

NM-55124

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Burton Flat "C" Federal

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Undesig. Avalon

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA

Sec. 35-20S-28E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

30-015-24695

15. ELEVATIONS: (SHOW DF, KDB, AND WD)

3203' GR

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 Attn: Melba Knipling

3. ADDRESS OF OPERATOR

P. O. Box 1600 Midland Texas 79702

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

660' FSL and 1980' FEL of Section

AT SURFACE

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) ☐ run csg.

SUBSEQUENT REPORT OF:

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(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.)*

2-24-84 Set 63 jts. 8 5/8"/K-55/STC/24# csg. at 2569'. Cement w/700 sx DLW and 300 sx ClC. Did not circ. to surface. Ran 1" pipe pump 260 sx ClC neat. Circ to pit. Test csg. to 2000 psi. WOC 17 hrs.

3-4-84 Cored from 5520-5580.

3-6-84 Logged

3-7-84 Set 138 jts. of 5 1/2/17#/K55/LTC csg. at 5730' w/DV tool at 4150'.

1st stage cemented w/450 sx ClC. 2nd stage 2/650 sx ClC.

Did not circ. to surface. TOC at 800'.

3-8-84 FRR at 0500

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Edgar Runkel TITLE Unit Head DATE March 16, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: