

NM OIL & GAS COMMISSION

Drawer  
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.)  
563' FNL & 560' 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:                      | SUBSEQUENT REPORT OF:    |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) <u>Set casing</u>                     |                          |

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.)\*

1-4-84 Set 8 5/8", K-55, 24# csg. @ 2592' w/1000 sx Lite and 300 sx ClC. Cmt. circulated. Test csg. to 2000# for 30 min. WOC 18 hrs.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Melba Knippling TITLE Unit Head DATE January 9, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY LWD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL MAY 9 1984

Carlsbad, NEW MEXICO •See Instructions on Reverse Side

Form Approved  
Budget Control No. 72-01424

MAY 11 1984

O. C. D.

ARTESIA, OFFICE

5. LEASE  
NM-01119
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Yates "C" Federal
9. WELL NO.  
35
10. FIELD OR WILDCAT NAME  
Undesig. Avalon - Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 5-21S-27E
12. COUNTY OR PARISH  
Eddy
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3207' GR

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

RECEIVED  
JAN 12 10 15 AM '84  
BUREAU OF OIL & GAS  
ROSEMOUNT DISTRICT