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MAR 29 1985

O. C. D.
ARTESIA, OFFICEUNITED STATES Artesia, NM 88210
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDY 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 ☒ gas ☐ other ☐
well well

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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Status Report ☐

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☐

5. LEASE

NM-01119

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

--

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

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

Sec. 5-21S-27E

12. COUNTY OR PARISH 13. STATE

Eddy

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.)

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.)*

1-12-84 Perf 2702-2710 w/33 shots.

1-13-84 Acdz w/1000 gals 15% HCl. Swabbing.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

Merv Knippling

TITLE

Unit Head

DATE January 24, 1984

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 22 1985