NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

c/SF

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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.)

RECEIVED BY
FEB 02 1984
O. C. D.
ARTESIA, OFFICE

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR
Exxon Corporation ✓

3. ADDRESS OF OPERATOR
P.O. Box 1600, Midland, Texas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
407' FNL & 660' FWL of Sec.
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-46275

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--

7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
Burton Flat "B" Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Undesig. ~~Avalon~~ Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1-21S-27E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3198' GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | | ☐ |
| FRACTURE TREAT | ☐ | | ☐ |
| SHOOT OR ACIDIZE | ☐ | | ☐ |
| REPAIR WELL | ☐ | | ☐ |
| PULL OR ALTER CASING | ☐ | | ☐ |
| MULTIPLE COMPLETE | ☐ | | ☐ |
| CHANGE ZONES | ☐ | | ☐ |
| ABANDON* | ☐ | | ☐ |
| (other) Spud & set casing | | | |

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

RECEIVED
JAN 30 1984
DIST. 6 N. M.
ROSWELL, NEW MEXICO

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.)*

1-11-84 Spud @ 4:00 A.M.
Ran 13 3/8", 48#, H-40 csg. set @ 593' w/650 sx Lite, tailed w/300 sx Class C cement, circulated. WOC.

1-12-84 Tested csg. to 1500# for 30 min., OK.

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

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

SIGNED Becca Knipling TITLE Unit Head DATE January 18, 1984

ACCEPTED FOR RECORD
PETER W. CHESTER
JAN 31 1984

(This space for Federal or State office use)

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

*See Instructions on Reverse Side