

JUN 06 1984

UNITED STATES O. C. D.
DEPARTMENT OF THE INTERIOR ARIZONA, OFFICE
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, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 4620' FSL and 660' FWL of Sec. 1
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) Set casing <input type="checkbox"/>	

5. LEASE
NM-46275

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
Burton Flat B Federal

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Undesig.-Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T21S, R27E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3187' 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.)*

5-16-84 Spud 17 1/2" hole. Set 14 jts. 13 3/8"/48#/H-40 casing @ 600'. Cement w/400 sx Pacesetter lite and 300 sx Cl C. Circ 300 sx to surface. WOC 59 hrs before drill out. Test casing to 1000 psi for 30 min. Held OK. Cement returns witnessed by Burt Jones, BLM.

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

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

SIGNED Melba Kripling TITLE Unit Head DATE 5-31-84

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

JUN 4 1984

Carlsbad NEW MEXICO *See Instructions on Reverse Side