

RECEIVED

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, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FWL & 1392.3' FNL of Sec. 1
AT TOP PROD. INTERVAL: (SE/NW)
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) Set Casing ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM-40256

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

--

7. UNIT AGREEMENT NAME

--

8. FARM OR LEASE NAME

Stott Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Undesig. - Bone Springs

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)
3197' 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.)*

7-10-84 Drlg @ 5670' in 7-7/8" hole

7-12-84 Set 20 jts. 5-1/2"/15.5/K55 and 138 jts 5-1/2"/14#/K55 @ 5661'. DV tool @ 4104'. Cement 1st stage w/ 453 sx ClC. Cement 2nd stage w/ 764 sx ClC. Cement did not circ to surface. TOC @ 1100'. WOC approximately 96 hrs. before beginning completion work. Test casing to 2000 psi for 30 min. Held OK.

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

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

SIGNED _____ TITLE Unit Head DATE 7-23-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____