Form 9-331
Dec. 1973

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
MAY 23 1984
O. C. D.
ARTESIA, OFFICE

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
BOX 1600, MIDLAND, TEXAS 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL AND 1980' FWL OF SEC.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
29-453201
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SQUAW FEDERAL
9. WELL NO.
2 1
10. FIELD OR WILDCAT NAME
SHEEP DRAW MORROW GAS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 12, T-23-S, R-25E
12. COUNTY OR PARISH
EDDY
13. STATE
NEW MEXICO
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3540 KB

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) ABANDON PRESENT PERF AND ADD UPHOLE PERF (MORROW)

(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. SET CIBP AT 11195'. PERF 5½ CSG 11098-11121 WITH 4/SPF.
2. DUMP 35' OF CMT ON BP AT 11195'.
3. RUN PKR TO 11121 AND SPOT 200 GAL INHIBITED 7½% HCL ACID ACROSS PERFS. PULL PKR TO 10850'. REVERSE ANNULUS FULL OF 3% KCL WTR W/20 GAL COREXIT 7720 AND 10 GAL COREXIT 7672 PER 100 bbl.
4. BREAK PERFS DOWN BY PUMPING 10 bbl KCL WTR DOWN TUBING
5. SWAB TEST TO CK FOR PRODUCTION. IF RESULTS ARE NOT SATISFACTORY TREAT W/1500 GAL 15% HCL ACID MIXED W/1500 GAL METHANOL.
6. FLOW/SWAB TEST. RUN 4-PT AND 72 HR BHP.

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

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

SIGNED D.A. Lowe TITLE SR ADMIN DATE 5-14-84

(This space for Federal or State office use)

APPROVED BY R. Pitzrohke TITLE P.E.T. DATE 5-22-84
CONDITIONS OF APPROVAL, IF ANY: