

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

JUN 05 1984

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 & FWL

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) PERM ACIDIZE

SUBSEQUENT REPORT OF:

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☐

X

5. LEASE

NM 0453201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SQUAW FEDERAL

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

SHEEP DRAW MORROW (GAS)

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

14-23-25

12. COUNTY OR PARISH

EDDY

13. STATE

NEW MEXICO

14. API NO.

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

3540 KB

(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 11190' W/32' CMT ON PLUG.
2. PERFORATED 5 1/2" LSG FROM 11098-11121' W/92 SHOTS.
3. SPOT 200 GAL INHIBIT 7 1/2% HCL MRS ACID ACROSS PERM 11098-11121'.
4. SITP 75% ACIDIZE PERFS 11098-11121' W/1500 GAL 15% HCL-1500 GAL METHANE.
5. TESTED FOR 5-DAYS-FINAL TEST 5-24-84-SITP 100% INITIAL FLOW LEVEL 3200'-2HRS WAT TEST REC 20 BW.

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

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

SIGNED D. A. Lane TITLE SR ADMIN DATE 6-4-84

(This space for Federal or State office use)

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