

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: 2310' FSL and 1980' FEL  
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) \_\_\_\_\_

SUBSEQUENT REPORT OF:

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5. LEASE  
NM 19848

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Laguna Grande Unit

8. FARM OR LEASE NAME  
Laguna Grande Unit (Fed)

9. WELL NO.  
3

10. FIELD OR WILDCAT NAME  
Undesignated Atoka or Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 29, T23S, R29E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3013 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.)\*

Drilled 9½" hole to 10730'  
Ran 274 jts 10703' 7 5/8" 29.7#; 33.7#, S-95, csg. set at 10730' w/ DV tool at 6532. Cmt. 1st stage w/ 570 sx. Cl. "H", tailed w/ 200 sx. Cl. "H". Plug did not bump, cmt 2nd stage w/ 665 sx. Cl. "H", 5# Gilsonite and 1/4# Flocele per sk. tailed w/ 100 sx. Cl "C" neat. Plug down 9:00 a.m. 12/12/80. WOC

Tested csg 4:15 a.m. 10/14/80 w/ 3000# - held ok.

Drilling.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Sr. Administrator DATE 2/5/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: