Form 9-331 Dec. 1973       Drawer DD Artesia, NN       88210       Form Approved. Budget Bureau No. 42-R1424         UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY       5. LEASE NM-19848       5. LEASE NM-19848         SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different servoir. Use from 9-331-C for such proposals well EX gas well EX well other       5. LEASE NM-19848         1. oil well EX gas (Do not use this form for proposals to drill or to deepen or plug back to a different well EX well of other       8. FARM OR LEASE NAME Blakemore Estate Federal         2. NAME OF OPERATOR Exxon Corporation       0. ther       9. WELL NO.         3. ADDRESS OF OPERATOR P.O. Box 1600; Midland, Texas 79702       10. FIEL OR WILDCAT NAME         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below), 1780' FSL & 1980' FEL of Section AT TOP PROD. INTERVAL: AT TOTAL DEPTH:       10. FIEL OR WILDCAT NAME         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       SUBSEQUENT REPORT OF:         FRACTURE TRAT SHOOT OR ACIDIZE REPART WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE COMES       SUBSEQUENT REPORT OF:         REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:       BEC 14 1983         CHANGE TREAT SHOOT OR ACIDIZE REPART WELL       COMES COMES         DEC 14 1983       CME TO TOMES		NN OTE CONS.	COMMISSION		C/\$ 17	
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY       IMM-19848         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 9-3310-2 for such proposals.       7. UNIT AGREEMENT NAME         1. oil well EX gas well other		Drawer DD		· · · ·	424	
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.)       7. UNIT AGREEMENT NAME         1. oil well Exk well other       a. FARN OR LEASE NAME Blakemore Estate Federal         2. NAME OF OPERATOR Exxon Corporation       9. WELL NO.         3. ADDRESS OF OPERATOR Exxon Corporation       10. FIELD OR WILDCAT NAME         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1780' FSL & 1980' FEL of Section AT SURFACE: AT TOTAL DEPTH:       10. FIELD OR WILDCAT NAME         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       SUBSEQUENT REPORT OF:         7. EXPLANT OF F FRACTURE TREAT SHOOT OR ACIDIZE REPART WELL       SUBSEQUENT REPORT OF:         7. BUBSEQUENT REPORT OF:       CONTOR ACIDIZE REPART WELL         7. OR ALTER CASING MULTIPLE COMPLETE       CRECTION OF CONTOR ALTER CASING		IOR				
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 9-332-2 for such proposals.)         1. oil well EX gas well other         2. NAME OF OPERATOR         2. NAME OF OPERATOR         3. ADDRESS OF OPERATOR         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1780' FSL & 1980' FEL of Section AT SURFACE:         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       SUBSEQUENT REPORT OF:         PULL OR ALTER CASING       RECLIVED BY         PULL OR ALTER CASING       RECLIVED BY         REPAIR WELL       RECLIVED BY         PULL OR ALTER CASING       RECLIVED BY         PULL OR ALTER CASING       BEC 14 1983	GEOLOGICAL SURVEY		6. IF INDIAN, AL 	LOTTEE OR TRIBE NAME		
I. oil well XX well other       0         1. oil well XX well other       9         2. NAME OF OPERATOR       9         2. NAME OF OPERATOR       1         3. ADDRESS OF OPERATOR       1         9. 0. Box 1600; Midland, Texas 79702       1         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17       Wildcat         below.) 1780' FSL & 1980' FEL of Section       Ar TOP PROD. INTERVAL:         AT TOP PROD. INTERVAL:       13. STATE         Eddy       New Mexico         14. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17         below.) 1780' FSL & 1980' FEL of Section         AT TOP PROD. INTERVAL:         AT TOP PROD. INTERVAL:         AT TOTAL DEPTH:         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,         REPORT, OR OTHER DATA         SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF         FRACTURE TREAT         SHOOT OR ACIDIZE         REPAIR WELL         PULL OR ALTER CASING         MULTIPLE COMPLETE         OLEC 14 1983	(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.)					
well       well       other       9. WELL NO.         2. NAME OF OPERATOR       1         Exxon Corporation       1         3. ADDRESS OF OPERATOR       1         P.O. Box 1600; Midland, Texas 79702       11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA         Sec. 28-23S-29E       11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA         below.)       1780' FSL & 1980' FEL of Section         AT SURFACE:       AT TOP PROD. INTERVAL:         AT TOP PROD. INTERVAL:       New Mexico         AT TOTAL DEPTH:       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       New Mexico         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         FRACTURE TREAT       Image on Form 9-390.7         SHOOT OR ACIDIZE       Image on Form 9-390.7         REPAIR WELL       Image on Form 9-390.7         PULL OR ALTER CASING       Image on Form 9-390.7         MULTIPLE COMPLETE       Image on Form 9-390.7         Image on Form 9-390.7       Image on Form 9-390.7						
2. NAME OF OPERATOR Exxon Corporation 3. ADDRESS OF OPERATOR P.O. Box 1600; Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1780' FSL & 1980' FEL of Section AT SURFACE: 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 FRACTURE TREAT SHOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE DEC 14 1983 DEC 14 1983 DEC 14 1983		• •				
P. O. Box 1600; Midland, Texas 79702         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1780' FSL & 1980' FEL of Section AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         15. ELEVATIONS (SHOW DF, KDB, AND WD) 2992' GR         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF:         17. TEST WATER SHUT-OFF         18. RECENTED         19. CHARGE ZONFES						
P.O. BOX 1000; MIGHAND, TEXAS 7702         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1780' FSL & 1980' FEL of Section AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:       AREA         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       New Mexico         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND WD) 2992' GR         REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF       SUBSEQUENT REPORT OF: REPAIR WELL       Image: Change on Form 9-380.)         PULL OR ALTER CASING MULTIPLE COMPLETE       Image: Change on Form 9-380.)       Image: Change on Form 9-380.)         DEC 14 1983       Image: Change on Form 9-380.)       Image: Change on Form 9-380.)	3. ADDRESS OF OPERATOR					
below.)       1780' FSL & 1980' FEL of Section         AT SURFACE:       AT TOP PROD. INTERVAL:         AT TOTAL DEPTH:       12. COUNTY OR PARISH         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       Eddy         REPORT, OR OTHER DATA       14. API NO.         15. ELEVATIONS (SHOW DF, KDB, AND WD)       2992' GR         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       Image: Completion of scompletion of scompleti	P.O. Box 1600; Midland, Texas 79702					
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REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND WD)         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       Image: Completion of the comp			14. API NO.			
REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:       2992'GR         TEST WATER SHUT-OFF       Image: Constraint of the state of the sta	REPORT, OR OTHER DATA			<u></u>		
TEST WATER SHUT-OFF				(SHOW DF, KDB, AND	WD)	
FRACTURE TREAT       Image: Construction of the second secon	REQUEST FOR APPROVAL TO: SUBSEQUEN	IT REPORT OF:				
SHOOT OR ACIDIZE       REPAIR WELL         PULL OR ALTER CASING       RECEIVED BY         MULTIPLE COMPLETE       DEC 14 1983						
REPAIR WELL     RECEIVED (NOTE: Report results of multiple completion of zone change on Form 9-380.)       PULL OR ALTER CASING     DEC 14 1983       MULTIPLE COMPLETE     DEC 14 1983		ALC: None of the second se	The CV	SR. 2		
PULL OR ALTER CASING     IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		RECEN	이 D D (NOTE: Report res		zone	
		1	change on	Form 9-380.)		
		DEC 1	4 1983			
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(other) <u>Set casing</u>		ARTES	A, OFFICE	ile and give patitions of	lates	

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.)\*

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11-25-83 Set 5 1/2", L-80, 17# casing @ 6999' w/750 sx C1C, tailed w/1150 sx C1C. DV tool @ 4474'. Cmt. circulated. WOC. Csg. to be tested before completion work begins.

Subsurface Safety Valve: Manu. and Type		Set @ Ft.
18. I hereby certify that the foregoing is true and correct		
SIGNED MEDIEN FUR ALLOUP TITLE Unit Head	DATE	<u>November 30, 1983</u>
APPROVED BY (ORIG, SGD.) DAVID R. GLASS	DATE	
CONDITIONS OF APPROVAL: IF ANY:	_ DATE .	

ROSWELL NEW REXICO

\*See Instructions on Reverse Side