

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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	RECEIVED BY DEC 08 1983 O. C. D. ARTESIA, OFFICE
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.) 2310' FNL & 2240' 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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Amend Proposed Total Depth	

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. 2	
10. FIELD OR WILDCAT NAME Wildcat <i>Delaware</i>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-23S-25E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3482' GR	

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

RECEIVED
DEC 20 17 AM '83
BUR. OF LAND MGMT
ROSWELE DISTRICT

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.)*

Please amend the proposed total depth of the above well from 5400' to 5800'.

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

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

SIGNED *David R. Glass* TITLE Unit Head DATE November 30, 1983

APPROVED

(ORIG. SGD.) DAVID R. GLASS

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

DEC 7 1983



*See Instructions on Reverse Side