

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88201
NM-0453201

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 GHT ROSWELL DISTRICT JAN 12 1984 O. C. D. ARTEZIA, 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) Set casing <input type="checkbox"/>	

(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.)*

12-22-83 Spud 12 1/4" hole @ 10:30 P.M.

12-27-83 Set 30 jts. 8 5/8", 24#, K-55 csg. @ 1325' w/700 sx ClB5; tailed w/550 sx ClC. Cmt. circulated. Test csg. to 2000# for 30 min. WOC 23 hrs.

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

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

SIGNED Melba Knippling TITLE Unit Head DATE 12-30-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JAN 9 1984

*See Instructions on Reverse Side