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UNITED STATES

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

O. C. D.

APPROPRIATE

## 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 ☐ gas ☒ 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: 1880' KSL &amp; 825' 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) ☐

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☐

5. LEASE

NM-22628

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SCHEIDT FEDERAL

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

WILDCAT Midland Midway

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

SEC 30, T-26, R-26

12. COUNTY OR PARISH

EDDY

13. STATE  
NEW MEXICO

14. API NO.

30-015-22660

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

3599' KDB

(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. ACIDIZE PERFS 10151-10165 W/500 GAL 7 1/2% HCL.

2. ENERGIZE W/500 SCF/BBL NITROGEN.

3. TEST WELL.

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

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

SIGNED

D. A. Lowe

TITLE

ST. ADMIN.

DATE

4-29-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_