

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 ☐ gas ☒ 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: 1980 FNL & 1980 FEL of Section
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 ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
P & ABANDON* ☒

☐
☐
☐
☐
☐
☐
☐
☐

(other)

5. LEASE
NM 19425

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Warfield Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Undesignated, Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T26S, R26E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.
30-015-23490

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3517 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.)*

- HP 10797
1. Pull tubing and Baker lok-set.
 2. Set CIBP at 10,300', w/ 35' of cmt of top of CIBP (est. 5 sx)
 3. Run free point and pull casing.
 4. Spot a 150' cmt. plug across the casing stub (75' inside, 75' outside) (Est. 50 sx).
 5. Spot 150' cmt. plug across the 8 5/8" csg. shoe (5000'-5150')
 6. Spot 100' cmt. plug across the 13 3/8" csg. shoe (est. 36 sx) (350'-450').
 7. Spot 10' of cmt. at surface and set dry hole marker.

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

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

SIGNED A. G. Lowe TITLE Sr. Administrator DATE 4/3/81

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 9 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side