

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 gas ☐ well 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 and 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 | <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 casing program | | |

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.)*

George Stewart, MMS, Roswell, gave verbal approval 1-26-83 to the following amended casing program.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
26"	20"	94.0#	40'	Readi Mix to Surface
17 1/2"	13 3/8"	54.5#	600'	500 sx Circ.
11"	8 5/8"	24.0#	1550'	500 sx Circ.
7 7/8"	5 1/2"	14.0#	4500'	} 600 sx
7 7/8"	5 1/2"	15.5#	4500-6500'	
7 7/8"	5 1/2"	17.0#	6500-8000'	

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 January 26, 1983APPROVED
(ORIG. SGD.) DAVID R. GLASSAPPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:APR 20 1983
For James A. Gillham

*See Instructions on Reverse Side

5. LEASE
NM-21761-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
--- RECEIVED
8. FARM OR LEASE NAME
Wilson Federal APR 21 1983
9. WELL NO.
1 O. C. D.
10. FIELD OR WILDCAT NAME
ARTESIA, OFFICE
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T26S, R25E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3599.8' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)