

4/5F

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 ☒ Dry
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.) 1980' FNL & 1980' 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 checked="" type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
NM-21761-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--
7. UNIT AGREEMENT NAME RECEIVED BY
--
8. FARM OR LEASE NAME DEC 14 1983
Pickett Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat - Pickett
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.)

RECEIVED
DEC 13 10 00 AM '83
BUREAU OF LAND MANAGEMENT
U.S. DEPARTMENT OF THE INTERIOR

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.)*

The above well will be plugged as follows:

Plug @ 1420-1590 w/25 sx
531-631 w/15 sx
0-10 w/10 sx

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

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

SIGNED Meera Knippling TITLE Unit Head DATE December 7, 1983

APPROVED (This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

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

DEC 13 1983