

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, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FSL & 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 type="checkbox"/>	<input type="checkbox"/>
(other) Amend casing & cementing 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.)*

Please amend the casing and cementing program for the above well as follows:

- 61#, 13 3/8 csg will be used instead fo 54.5# csg.
- 8 5/8" csg string will be set at 3300' instead of 1900'.
- Wellhead equipment will consist of a flanged type, 2000' psi WP for 13 3/8"x8 5/8" x5 1/2" casing program w/2 7/8" tubing hanger.
- Drilling fluid changes will be 10# BW from 600-3300' and CBW, 8.4-9.4#; 28-32 funnel visc and 10.5+ pH (3300-7200').

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

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

SIGNED Michael Knippling TITLE Unit Head DATE November 28, 1983
APPROVED _____
(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL IF ANY:

DEC 7 1983

5. LEASE
NM-20965
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--
7. UNIT AGREEMENT NAME
--
8. FARM OR LEASE NAME
Pioneer Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat D. L. W. R.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-26 S-30 E.
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3100' GR

(NOTE: Report results of multiple completion zone change on Form 9-331-C)

RECEIVED
NOV 30 10 20 AM '83
BUREAU OF LAND MGMT
ROSWELL DISTRICT