

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 Attn: Melba Knipling

3. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
760' FNL and 660' FEL
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) <u>Change well name</u>	

5. LEASE
NM-20966

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME **RECEIVED BY**
-- **25910**

8. FARM OR LEASE NAME **APR 30 1984**
New Era Federal

9. WELL NO.
1 **O. C. D.**
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME
Undesig. Delaware

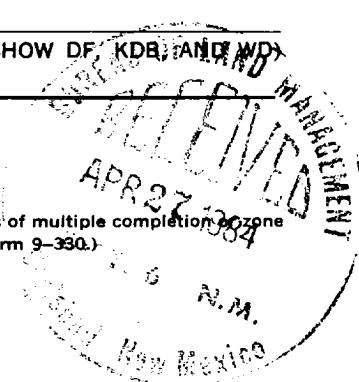
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19-26S-30E

12. COUNTY OR PARISH **Eddy** 13. STATE **NM**

14. API NO.

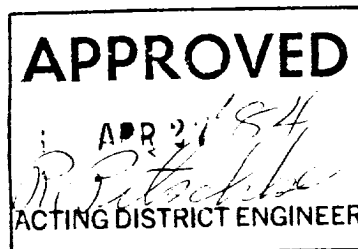
15. ELEVATIONS (SHOW DE, KDB, AND WD)
3121' GR

(NOTE: Report results of multiple completion 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.)*

Sundry notice to change well name from Ross Draw Federal #1.



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

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

SIGNED Melba Knipling TITLE Unit Head DATE 4-23-84

(This space for Federal or State office use)

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

*Post. PD-3
4-5-84
Chg. Willhame*