

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
well 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: 760' FNL and 660' FEL of Sec. 19
AT TOP PROD. INTERVAL: NE/NE
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Set casing ☐

SUBSEQUENT REPORT OF:

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RECEIVED BY

MAY 22 1984

O. C. D.
ARTESIA, OFFICE

5. LEASE
NM-20966
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
New Era Federal
9. WELL NO.
1
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
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3121' GR

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.)*

4-16-84 Spud @ 1900 hrs (17 1/2" hole)

4-17-84 Set 17 jts 13 3/8"/61#/K-55 casing @ 862'. Cement w/350 sx Pacsetter lite and 350 sx C1 C. Cement circ. to surface (100 sx)
WOC 29 hrs. before drill out. Test casing to 600 psi for 45 min.
Held OK.

4-27-84 Set 24 jts 8 5/8"/32#/K55 and 62 jts 8 5/8"/24#/K55 in 11" hole @ 3450'. Cement w/1500 sx Pacsetter lite and 350 sx C1 C.
WOC 19 1/2 hrs before drill out. Test casing to 2000 psi for 30 min. Held OK.

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

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

SIGNED Melba Kripling TITLE Unit Head DATE May 16, 1984

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

MAY 21 1984

Carli Chad NEW MEXICO