

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 ☐ other ☐  
well well  
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.) 4620' FSL and 660' FWL 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 program.			

5. LEASE  
NM - 01119  
6. IF INDIAN, ALLOTTEE OR TRIBAL NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Yates Federal "C" *W.C.D.*  
9. WELL NO.  
27  
10. FIELD OR WILDCAT NAME  
Undesignated - Avalon *Del Norte*  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 4-21S-27E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3206' GR

(NOTE: Report results of multiple completion or 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.)\*

The casing and cementing program for the above well will be amended to show that the 8 5/8" casing will be circulated to surface.

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 July 1, 1983  
Melba Knippling

(This space for Federal or State office use)  
APPROVED BY (Orig. S3d) *CESTER* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUL 11 1983