

Dec. 1973

FEDERAL OIL COMMISSION

Form Approved Budget Bureau No. 42-R1424

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

RECEIVED BY

FEB 25 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different area. For such proposals, 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, Tx 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1 565' FNL & 200' FEL of Section (SE NE) 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 [ ] [ ]
FRACTURE TREAT [ ] [ ]
SHOOT OR ACIDIZE [ ] [ ]
REPAIR WELL [ ] [ ]
PULL OR ALTER CASING [X] [ ]
MULTIPLE COMPLETE [ ] [ ]
CHANGE ZONES [ ] [ ]
ABANDON\* [ ] [ ]
(other) [ ] [ ]

LEASE M-0426782
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Mary Federa;
9. WELL NO. 4
10. FIELD OR WILDCAT NAME West Dark Canyon - Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T23S, R25E
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3446' 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 amended casing program was approved by Armando Lopez on 2-20-85. The following is the amended casing program:

PROPOSED CASING AND CEMENTING PROGRAM

Table with 5 columns: SIZE OF HOLE, SIZE OF CASING, WEIGHT PER FOOT, SETTING DEPTH, QUANTITY OF CEMENT. Rows include 20", 13 1/2", 9 7/8", and 6 1/8" hole sizes.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Melva Knippling TITLE Unit Head DATE 2-20-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 2-22-85

CONDITIONS OF APPROVAL, IF ANY: