

C/S 7

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2180' FSL and 860' FEL of Section
AT TOP PROD. INTERVAL:
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 csg.

SUBSEQUENT REPORT OF:

RECEIVED

MAR 18 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

5. LEASE
NM-10592

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
Starman Federal O. C. D.

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat *Base Spring*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-26S-26E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3452' 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.)*

2-23-83 Spud 17 1/2" hole @ 1900 hrs.

2-27-83 Set 13 3/8" cst, 48#, w/300 sx Lite tailed w/200 sx C1 C @ 598'.
Bump plug @ 0500 hrs. Float held. Cmt. did not circulate. TOC 200'. WOC till 1200 hrs. Ran 1"; pump 275 sx C1 C cmt. Circulated. WOC 18 hrs. Test csg to 2000#.

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

18. I hereby certify that the foregoing is true and correct
SIGNED *Charlotte Harper* TITLE Unit Head DATE 3-11-83

ACCEPTED FOR RECORD (this space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL MAR 25 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side