

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 ☒ 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.)
AT SURFACE: 2262' FNL & 921' FWL 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: | | 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) Set casing | | | |

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.)*

11-15-83 Set 10 3/4", K-55, 40.5# casing @ 1575' w/200 sx 50-50 Poz, tailed w/100 sx ClC. DV tool @ 884' cmt. 2nd stage w/80 sx ClC. 3rd stage DV tool @ 640'. Cmt. w/200 sx 50-50 Poz, tailed w/600 sx ClC. Cmt. did not circ. Temp. survey showed TOC @ 325'. WOC 29 hrs., 30 min.

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 11-28-83

AUGUSTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL, IF ANY: 11-2-1983

5. LEASE NM-20839	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Beard Ole Federal	RECEIVED BY DEC 14 1983 O.C.D. ARTESIA, OFFICE
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Wildcat <u>211</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. <u>11-235-2E</u>	
12. COUNTY OR PARISH Dona Ana	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4293' GR	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
NOV 30 10 20 AM '83
BUREAU OF LAND MANAGEMENT
ROSSELL DISTRICT

7-11-11 NEW MEXICO