Form 9-331

Form Approved.

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS on all use this form for processis to drill or to depend for plug block to a different general form for processis to drill or to depend for plug block to a different general form for processis to drill or to depend for plug block to a different general form for processis to drill or to depend for plug block to a different general form for processis to drill or to depend for plug block to a different general form for processis to drill or to depend for plug block to a different general form for processis to drill or to depend for plug block to a different general form for general form for general form for plug block to a different general form for general for general form for general form for general form for general form for general for general form for general for general form for general form for general for general form for general form for general for general for general form for general form for general for general for general for general form for general fo	c. 1973		Budget Bureau No. 42-R1424	
SUNDRY NOTICES AND REPORTS ON WELLS So not use this form for proposals to drill or by despend for philip chack to a different behavior, the Form 3-33LP for such perposal to drill or by despend for philip chack to a different behavior. The Form 3-33LP for such perposals to drill or by despend for philip chack to a different behavior. The Form 3-33LP for such perposals to drill or by despend for philip chack to a different behavior. The Form 3-33LP for such perposals to drill or by despend for philip chack to a different behavior. The Form 3-33LP for such perposals to drill or by despend for philip chack to a different behavior. The Form 3-33LP for such perposals to drill or behavior. The Form 3-33LP for such perposals to drill or behavior. The Form 3-33LP for such perposals to drill or perposals to dril	UNITED STA	ATES	5. LEASE	
SUNDRY NOTICES AND REPORTS ON WELLS 20 not use this form for proposals to drill or to deserbe on plug shack to a different servoir, use from 9-331-C for such proposals to drill or to deserbe on plug shack to a different servoir, use from 9-331-C for such proposals to drill or to deserbe on plug shack to a different servoir, use from 9-331-C for such proposals to drill or to deserbe on plug shack to a different servoir, use from 9-331-C for such proposals to drill or to deserbe on plug shack to a different servoir to servo	· · · · · · · · · · · · · · · · · ·			
Do not use this form for proposals to drill or in deepen or play back to a different servoir. We form 3-31-C for such processes. MAR 0 :: 1984 well				
Do not use this form for proposals to drill or to deepen or profe charlos' different servorit. Use from 3-31-C for such proposals'. 1. oil	SUNDRY NOTICES AND R	EPORTS ON WELLS	7. UNIT AGREEMENT NA	AME
1. oil	(Do not use this form for proposals to drill or o deepen or plug back to a different			
Well & Well Other 2. NAME OF OPERATOR EXXON COPPORATION 3. ADDRESS OF OPERATOR P.O. Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below). 2262' FNL & 921' FWL of Section AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF ACITY COMPLETED OPERATIONS (Clearly state all pertinent details, and give including estimated date of starting any proposed work. If well is directionally drilled, give substitianassociations a measured and true vertical depths for all markers and zones pertinent to this work.)* Subsurface Safety Valve: Manu, and Type			·L	
2. NAME OF OPERATOR EXXON COTPORATION AP ESIA OFFICE 3. ADDRESS OF OPERATOR P.O. Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 2262 FNL & 921' FWL of Section AT SURFACE: AT TOTAL DEFTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 1. EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EXT WATER SHUT-OFF RACTURE TREAT HOOT OR ACIDIZE UNLL OR ALTER CASING BUNULTIPLE COMPLETE WHANGE ZONES BANDON' Other) Set casing 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data including estimated date of starting any proposed work. If well is directionally drilled, give subsurfaces cations a measured and true vertical depths for all markers and zones pertinent to this work.)* 12-20-83 Set 5 1/2", 17#, K-55 csg. @ 2975' w/575 sx C1C. Cmt. circulated DV too1 set @ 1759'. Test csg to 2000#. WOC 68 hrs. 30 min.				
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 2/62 FNL & 921 FWL of Section AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF HOOT OR ACIDIZE ULL OR ALTER CASING MULTIPLE COMPLETE ULL OR ALTER MODE OF TOTAL COMPLETE ULL OR FREDOR TO THE MILE OF TOTAL COMPLETE ULL OR FREDOR TO THE MILE OF TOTAL COMPLETE ULL OR FREDOR TO THE MILE OF TOTAL COMPLETE ULL OR FREDOR TO THE MILE OF TOTAL COMPLETE ULL OR FILE OF TOTAL COMPLETE ULL OR FREDOR TO THE MILE OF TOTAL COMPLETE ULL OR FREDOR TO THE MILE OF TOTAL COMPLETE ULL OR FREDOR TO TH		O. C. D.		
A ADDRESS OF OPERATOR P.O. Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below). 2262' FNL & 921' FWL of Section AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. COUNTY OR PARISH 13. STATE Dona Ana New Mexico. 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF: 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give substitutions a measured and true vertical depths for all markers and zones pertinent to this work.)* 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give substitutions a measured and true vertical depths for all markers and zones pertinent to this work.)* 18. PORTON OF THE COMPLETE OPERATIONS (Clearly state all pertinent details, and give substitutions a measured and true vertical depths for all markers and zones pertinent to this work.)* 19. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give substitutions at measured and true vertical depths for all markers and zones pertinent to this work.)* 19. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give substitutions at measured and true vertical depths for all markers and zones pertinent to this work.)* 19. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give substitutions at measured and true vertical depths for all markers and zones pertinent to this work.)* 19. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give substitutions at measured and true vertical depths for all markers and zones pertinent to this work.)* 19. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give substitutions at the proposed work. If well is directionally drilled, give substitutions at the proposed work of the proposed work of the propo	_	AR ESIA, OFFICE		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 2262' FNL & 921' FWL of Section AT SURFACE: AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF RACTURE TREAT CHOOT OR ACIDIZE REPAIR WELL COMPLETE CHANGE ZONES BANDON* CHECK COMPLETE COMPLETE COMPLETE COMPLETED OPERATIONS (Clearly state all pertinent details, and amount of the substitute of t	3. ADDRESS OF OPERATOR		Wildcat Dileine	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17. DESCRIBE PROPOSED OR COMPLETE COMPLET				LK. AND SURVEY OF
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 17. CHARLET CASING (NOTE: Raport results of multiple completion or xc change on Form 4-330) 18. COUNTY OR PARISH 13. STATE Dona Ana Na 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 16. CHECK APPROPALATIONS (SHOW DF, KDB, AND W 4293' GR 17. CHARLET CASING (NOTE: Raport results of multiple completion or xc change on Form 4-330) 18. COUNTY OR PARISH 13. STATE Dona Ana Na 18. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 19. CHECK APPROPALATIONS (Clearly state all pertinent details, and gave pertinent details, and g	·			
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 16. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give peginent dat including estimated date of starting any proposed work. If well is directionally drilled, give substitutions a measured and true vertical depths for all markers and zones pertinent to this work.)* 18. I hereby certify that the foregoing is true and correct		l' FWL of Section		12 STATE
AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF: 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give peginent data including estimated date of starting any proposed work. If well is directionally drilled, give substitutions as measured and true vertical depths for all markers and zones pertinent to this work.)* 18. API NO. 19. ELEVATIONS (SHOW DF, KDB, AND W 4293' GR 19. (NOTE: Report results of multiple completion or zo change on Form 9-30c.) 19. (NOTE: Report results of multiple completion or zo change on Form 9-30c.) 19. (NOTE: Report results of multiple completion or zo change on Form 9-30c.) 19. (NOTE: Report results of multiple completion or zo change on Form 9-30c.) 10. DESCRIBE PROPOSED OF COMPLETED OPERATIONS (Clearly state all pertinent details, and give peginent data including estimated date of starting any proposed work. If well is directionally drilled, give substitute or substitute of the period				
REPORT, OR OTHER DATA EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: EST WATER SHUT-OFF	AT TOTAL DEPTH:			New Heateo
EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 4293' GR	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		<u> </u>	
Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Ty	REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW	DF, KDB, AND WD
RACTURE TREAT	DECLIEST FOR ARREOVAL TO	CHESCOHENT REPORT OF	4293' GR	
RACTURE TREAT HOOT OR ACIDIZE FEPAIR WELL FULL OR ALTER CASING MULTIPLE COMPLETE HANGE ZONES BIANDON* other) Set casing FOR SET CASING	` _	SUBSEQUENT REPORT OF.		
Complete	FRACTURE TREAT			
AULTIPLE COMPLETE Change on Form 9-330.) Change on Form 9-300. Change	SHOOT OR ACIDIZE			35 E.
AULTIPLE COMPLETE CHANGE ZONES CHEANDON* CONTROL Set casing 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data including estimated date of starting any proposed work. If well is directionally drilled, give substitute operations a measured and true vertical depths for all markers and zones pertinent to this work.)* 12-20-83 Set 5 1/2", 17#, K-55 csg. @ 2975' w/575 sx C1C. Cmt. circulated DV tool set @ 1759'. Test csg to 2000#. WOC 68 hrs. 30 min. Subsurface Safety Valve: Manu. and Type Set @	=	H		
CHANGE ZONES (BANDON* Cother) Set casing Country Set case Country Set casing Country Set case Country Set casing Country Set ca		H	Change on Form	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent date including estimated date of starting any proposed work. If well is directionally drilled, give substiface bocations a measured and true vertical depths for all markers and zones pertinent to this work.)* 12-20-83 Set 5 1/2", 17#, K-55 csg. @ 2975' w/575 sx C1C. Cmt. circulated DV tool set @ 1759'. Test csg to 2000#. WOC 68 hrs. 30 min.	CHANGE ZONES		•	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent date including estimated date of starting any proposed work. If well is directionally drilled, give substiface bocations a measured and true vertical depths for all markers and zones pertinent to this work.)* 12-20-83 Set 5 1/2", 17#, K-55 csg. @ 2975' w/575 sx C1C. Cmt. circulated DV tool set @ 1759'. Test csg to 2000#. WOC 68 hrs. 30 min.	ABANDON*			<u>ν</u> , ₹
including estimated date of starting any proposed work. If well is directionally drilled, give substifue measured and true vertical depths for all markers and zones pertinent to this work.)* 12-20-83 Set 5 1/2", 17#, K-55 csg. @ 2975' w/575 sx ClC. Cmt. circulated DV tool set @ 1759'. Test csg to 2000#. WOC 68 hrs. 30 min. Subsurface Safety Valve: Manu. and Type	(other) Set casing			5 - y
DV tool set @ 1759'. Test csg to 2000#. WOC 68 hrs. 30 min. Subsurface Safety Valve: Manu. and Type Set @	including estimated date of starting	any proposed work. If well is d	irectionally drilled, give sub	give pertinent dates surfaces ocations an
DV tool set @ 1759'. Test csg to 2000#. WOC 68 hrs. 30 min. Subsurface Safety Valve: Manu. and Type Set @	12-20-83 Set 5 1/2", 13	7#, K-55 csg. @ 2975'	w/575 sx C1C. Cmt	t. circulated.
Subsurface Safety Valve: Manu. and Type Set @ Set @	DV tool set @ 1759'. Te	est csg to 2000#. WO	C 68 hrs. 30 min.	
18. I hereby certify that the foregoing is true and correct				
18. I hereby certify that the foregoing is true and correct				
18. I hereby certify that the foregoing is true and correct				
18. I hereby certify that the foregoing is true and correct				
18. I hereby certify that the foregoing is true and correct				
18. I hereby certify that the foregoing is true and correct				
18. I hereby certify that the foregoing is true and correct				
18. I hereby certify that the foregoing is true and correct				
	Subsurface Safety Valve: Manu. and Type	ə	Set	@ F
	18. I hereby certify that the foregoing is	true and correct		
SIGNED SAGAU Curelal TITLE Unit Head DATE 12-28-83	SIGNED CAMALICA LA	✓ TITLE Unit Head	DATE 12-28-	-83

(This space for Federal or State office use)
PETER W. CHESTER

APPROVED BY CONDITIONS OF APPROVALE 15 4915 1984