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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

OCT 13 '87

O. C. D.
ARTESIA, OFFICE

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 ☒ Dry

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 and 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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(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.)*

Set the following plugs to P&A the above well on 12-31-83 3210- 100 sx C1C

4001-3714' 60 sx C1C
3210 40 sx C1C
75 sx C1C
75 sx C1C
75 sx C1C
75 sx C1C
75 sx C1C
65 sx C1C

Plugs would not set

Would not tag
3000 100 sx 10/20 frac sand
3146-2975 60 sx C1C
2140-2175 50 sx C1C
1712 - 1412 50 sx C1C
873-673 20 sx C1C
100 - 0 10 sx C1C
Cap well and install dryhole marker

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED Melba Knippling TITLE Unit Head DATE 1-31-84

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See instructions on Reverse Side

