

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. OIL CONS. COMMISSION
Drawer DD Form Approved.
Artesia, NM 88210 Bureau No. 42-R1424

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 ☐ JAN 14 1983
2. NAME OF OPERATOR Exxon Corporation O.C.D.
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702 ARTESIA OFFICE
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL and 660' FEL of Section
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE NM - 31200
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Lakewood Federal
9. WELL NO. 2
10. FIELD OR WILDCAT NAME Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T19S, R37E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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) ☐ ☐

(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.)*

Spudded 12 1/4" hole at 11:30 PM 11-22-82
Ran 13 jts 8 5/8" 24# K-55 csg set at 502'. Cmt w/330 sx C1 C, wt 14.9, 2% CaCl₂, Tailed w/110 sx C1 C, wt 14.9, 2% CaCl₂.
Plug down at 12:15 p.m. 11-23-82.
Tested 8 5/8" csg at 6:30 p.m. 11-24-82 w/1000# held OK.
Drilled plug and cmt 3:30 p.m. 11-25-82.
Drilling

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

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

SIGNED David R. Glass TITLE Sr. Administrator DATE December 14, 1982

ACCEPTED FOR RECORD (This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL
JAN 19 1983
MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO