

C/SF

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, Texas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1949' FNL and 660' 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) Clean up well prior to 4-Point			

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O.C.D.
ART 79702 OFFICE

5. LEASE NM-01119
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
7. UNIT AGREEMENT NAME -
8. FARM OR LEASE NAME Burton Flat Federal
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Burton Flat <i>Memo</i>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T21S, R27E
12. COUNTY OR PARISH Eddy
13. STATE New Mexico
14. API NO. 30-015-24303
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3198' 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.)*

Permission granted to flare 5,000 MCF in preparing well for 4-point test.
Granted by Armado Lopez, MMS 2-2-83. (Perforations 11,483'-11,158').

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OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

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

SIGNED Armando Lopez TITLE Sr. Administrator DATE February 3, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE APPROVED
FEB 11 1983
<i>James A. Gilham</i>
JAMES A. GILHAM DISTRICT SUPERVISOR

*See Instructions on Reverse Side