Dec. 1973 Budget Bureau No. 42-R1424

RECEIVED BY
AUG 27 1984
O. C. D.
ARTESIA, OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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
BOX 1600 MIDLAND, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FR NL AND 660' FR EL OF SEC
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-055564

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
ISLER FEDERAL

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
MANY GATE ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 31, 9-S, 30E

12. COUNTY OR PARISH
CHAVES

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4042

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) ADD PAY	X	

(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.)*

1. PULL RODS AND PUMP. TEST BOP TO 2000 PSI.
2. PULL TUBING. PERF 5½" CSG 7230-7244 W/15 PF.
3. SET TREATING PKR AT 7250'. SPOT 100 GAL 20% HCL. PULL AND SET PKR AT 7100'.
4. ACIDIZE W/8000 GAL INHIBITED 20% NE-HCL.
5. SWAB BACK TO CLEAN UP PERFS.
6. PLACE WELL ON PUMP.

AUG 1 7 1984

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

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

SIGNED L. A. Lowe TITLE SR ADMIN. DATE 8-15-84

(This space for Federal or State office use)

APPROVED
(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1984

*See Instructions on Reverse Side