

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COM. SHOW
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved
Budget 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

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' FNL & 1980' FEL OF SEC

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

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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.)*

1. PULLED RODS AND TUBING.

2. SET CIBP AT 3550' CIRC W/9.5 SALT WATER GEL.

3. SPOT 5-SX CMT ON TOP OF CIBP. PCH TO 1262 - SET 20SX PLUG, PCH TO 400' - SET 45 SX PLUG - CMT CIRC TO SURFACE.

4. INSTALLED DRY HOLE MARKER.

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

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

SIGNED X. P. Lowe TITLE SR ADMIN. DATE 8-1-85

APPROVED BY PETER W. CHESTER (This space for Federal or State office use)
CONDITIONS OF APPROVAL IF ANY: FEB 26 1986
BUREAU OF LAND MANAGEMENT
RESOURCE AREA

RECEIVED
FEB 28 1986
O.C.D.
HOBBS OFFICE

RECEIVED
AUG -6 1985
HOBBS OFFICE