

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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: 2060' FNL AND 598' 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:

5. LEASE

NM-15016

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

WATTAM FEDERAL

9. WELL NO.

10. FIELD OR WILDCAT NAME

CATO-SAN ANDRES

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC 6, S5, 31E

12. COUNTY OR PARISH

CHAVEZ

13. STATE

NEW MEXICO

14. API NO.

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

4220' 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.)\*

1. PULL RODS AND TUBING. CIRC WMD LADEN FLUID.
2. SET CIBP AT 3580±. SPOT 35' OF CMT ON TOP OF PLUG.
3. SPOT 20 SX CLASS "C" PLUG FROM 1389'-1196'.
4. SPOT 45 SX CLASS "C" PLUG FROM 400' TO SURFACE.
5. INSTALL DRY HOLE MARKER. CLEAN AND LEVEL LOCATION.

APPROVED  
PETER W. CHESTER

APR 9 1985

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

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

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

SIGNED D. F. Lowe TITLE SR. ADMIN. DATE 3-7-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 12 1985

CODE  
HODS OFFICE