

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 ☒ gas ☐ 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' FWL AND 1980' FNL 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. RIH W/TBG TO 4080' CIRC HOLE W/MWD. SPOT 25 SX PLUG AT 4080.
3. TAG TOP OF PLUG AT 3970' SPOT 50 SX PLUG AT 1850'. TAG TOP OF PLUG AT 1690'.
4. SPOT 10 SX PLUG AT SURFACE.
5. INSTALLED DRY HOLE MARKER.
6. LOCATION CLEANED AND LEVELED.

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

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

SIGNED A. F. Lowe TITLE SR ADMIN. DATE 8-1-84

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1985

RECEIVED BY
JAN 24 1985
O. C. D.
ARTESIA, OFFICE

RECEIVED
JAN 29 1985
O. C. D.
HOME OFFICE