

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONVS. COMMISSION
P. O. BOX 1080
ROSWELL, NEW MEXICO 88240
ART.

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Exxon Corporation

3. ADDRESS OF OPERATOR
Box 1600, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FWL and 1980' FNL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

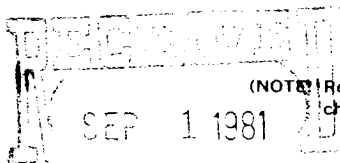
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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.)

5. LEASE
NM-14325

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

SEP 4 1981

8. FARM OR LEASE NAME
Priest Federal

9. WELL NO.
1

O. C. D.
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Undesignated
Gallina (San Andres)

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

Sec 7, T8S, R32E

12. COUNTY OR PARISH Chaves 13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4458 GR

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. Spudded 12-1/4" hole @ 15:45 8-12-81.
2. Drilled 12-1/4" hole to 1804'.
3. Ran 1791' (41 JTS) 8-5/8" csg set at 1804'. Cmt w/600 SX lite wt. cmt tailed w/250 SX CL"C", w/2% CACL 2 cmt. Plug down 14:30 pm 8-13-81, 130 SX circ to surface woc.
4. Tested 8-5/8" csg w/1000# @ 16:30 8-15-81 - held OK.
5. Drilling.

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

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

SIGNED ROGER A. CHAPMAN
ACCEPTED FOR RECORD

TITLE Sr. Administrator DATE 8-25-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL ANY:

TITLE _____ DATE _____

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side