Form 9-331
Dec. 1973

N. M. OIL ____ ____
P. O. ____
____

# 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: 660' FSL AND 660' FEL OF SEC
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

**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

**10. FIELD OR WILDCAT NAME**
CATO-SAN ANDRES

**11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA**
SEC 7, T8S, R31E

**12. COUNTY OR PARISH**
CHAVES

**13. STATE**
NEW MEXICO

**14. API NO.**

**15. ELEVATIONS (SHOW DF, KDB, AND WD)**
4202 GR

**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) | | |

(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 W/MUD LADEN FLUID.
2. SET CIBP AT 3260'± - SPOT 35' CMT ON TOP OF PLUG.
3. SPOT 20 SX CLASS "C" PLUG FROM 1298-1105'.
4. SPOT 45 SX CLASS "C" PLUG FROM 400' TO SURFACE.
5. INSTALL DRY HOLE MARKER. CLEAN AND LEVEL LOCATION.

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APPROVED
PETER W. CHESTER

APR 9 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA
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Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _L. F. Love_   TITLE SR. ADMIN.   DATE 3-7-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: