

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYDrawer DD
Alamosa, NM 88210

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' FSL AND 660' FUL 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:

☐☒☐☐☐☐☐☐☐

(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 TBL.

2. SET PER AT 7093' - TEST TO 1000' - OK.

3. ACIDIZED PERKS 7272-7318 W/15,960 GAL 15% HCL.

4. PLACED WELL ON PUMP.

5. TEST WELL 8 DAYS. FINAL TEST 2030 PLUS 55 BW.

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

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

SIGNED

J. H. Lowe

TITLE

SR ADMIN

DATE

8-31-84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY

PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 11 1984

RECEIVED
OCT 15 1984
O.C.D.
ARTESIA, OFFICE

RECEIVED
OCT 22 1984
HONOLULU