NM OIL CONS. "MONISCION RECEIVED BY Drawer DD Form Approved. Form 9-331 Artesia, NM 88210 Budget Bureau No. 42-R1424 Dec. 1973 FFB 201984 UNITED STATES LEASE DEPARTMENT OF THE INTERIOR C. D. NM-055564 IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY ARTESIA, OFFICE 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME <u>Isler Fede</u>ral oil gas other well well 9. WELL NO. 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Exxon Corporation 3. ADDRESS OF OPERATOR <u> Many Gates</u> P.O. BUX 1600, MIDLAND TX 79702 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 29, 95, 30€ 660' FSL and 660' FWL of Section 12. COUNTY OR PARISH 13. STATE NEW MEXICO AT SURFACE AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 30-025-20887 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4057 'GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES m OBAL ABANDON* (other) -Monthly Status Report 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.)* 1-11-84 Acdz w/8000 gals. 15% HCl. Swabbing Subsurface Safety Valve: Manu. and Type _ Set @ ___ 18. I hereby certify that the foregoing is true and correct iling TITLE DATE February 8. 1984 Unit Head ACCEPTED FOR RECORD (This space for Federal or State office use) PETER W CHESTER TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: FEB 17 1984

*See Instructions on Reverse Side

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Form 9-331

Drawer DD Artesia, NM 88210

Form 9–331 Dec. 1973	COLLA, MR COLL	· FC	orm Approved. udget Bureau No. 42–R1424
UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY		5. LEASE	
		NM-055564 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND RE	RECEIVED BY		, , , , , , , , , , , , , , , , , , , ,
(Do not use this form for proposals to drill or to reservoir, Use Form 9-331-C for such proposals.)	neepen er wing oack-to-a enterent	8. FARM OR LEASE	NAME
1 -:!		Isler Federal	
1. oil XX gas other	FEB 2 0 1984	9. WELL NO.	
2. NAME OF OPERATOR	O. C. D.	3	
Exxon Corporation	ARTESIA OFFICE	. 10. FIELD OR WILDCA	AT NAME
3. ADDRESS OF OPERATOR		Many Gates	
P.O. Box 1600, Midland, Texas 79702			OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCAT		AREA	0.00
below.) 660' FSL & 660' FWL of Section AT SURFACE:		Sec. 29, 9S,	
AT TOP PROD. INTERVAL:		Chaves	New Mexico
AT TOTAL DEPTH:		14. API NO.	New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		30-025-20887	
REPORT, OR OTHER DATA		· · · · · · · · · · · · · · · · · · ·	OW DF, KOB, AND WD)
		4057' GR	RE AN
REQUEST FOR APPROVAL TO: SI	JBSEQUENT REPORT OF:	to the second se	© ₹ 2 0
TEST WATER SHUT-OFF	\vdash	,	
FRACTURE TREAT	H	,	E
REPAIR WELL	<u> </u>	(NOTE: Report results of	of multiple completion or zone
PULL OR ALTER CASING		change on Forr	
MULTIPLE COMPLETE			REC A
CHANGE ZONES			77 ∞
(other) Monthly Status Report			<u></u> _
			and also postinget datas
17. DESCRIBE PROPOSED OR COMPLET including estimated date of starting measured and true vertical depths for	any proposed work. If well is d	directionally drilled, give	subsurface locations and
		ne to this workly	
1-6-84 Drill out DV	tool.		
1-10-84 Perf 5 1/2" c	sg @ 7272-7318 w/47	shtos. Set pkr	@ 7156'. Acdz
w/8000 gals 1	5% HCl. Swabbing.	•	
", 5555 g-1			
		•	
	·		•
	•		>
Subsurface Safety Valve: Manu. and Type			Set @ Ft.
18. I hereby certify that the foregoing is to			
		Janu	ary 24, 1984
SIGNED Mella Triples	TITLE UNIL HEAD	DATE	ary 24, 1764
ACCEPTED FOR RECO	This space for Federal or State of	ffice use)	
1	1	DATE	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY CHES	I Lik.		
FEB 17 198	4		
l ;	1.		
The state of the s	*See Instructions on Reverse	Side	