

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.
ARTESIA, OFFICE

RECEIVED BY

FEB 20 1984

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 ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR

Exxon Corporation

3. ADDRESS OF OPERATOR

P.O. Box 1600, Midland TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

660' FSL and 660' FWL of Section

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other)

Monthly Status Report

5. LEASE

NM-055564

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

--

7. UNIT AGREEMENT NAME

--

8. FARM OR LEASE NAME

Isler Federal

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Many Gates

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

Sec. 29, 9S, 30E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

30-025-20887

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

4057' GR

(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.)*

1-11-84 Acdz w/8000 gals. 15% HCl. Swabbing

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

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

SIGNED *Nelba Knippling* TITLE *Unit Head* DATE *February 8, 1984*

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

APPROVED BY
CONDITIONS OF

PETER W. CHESTER

TITLE

DATE

APPROVAL, IF ANY:

FEB 17 1984

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Monthly Status Report

SUBSEQUENT REPORT OF:

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1-6-84 Drill out DV tool.

1-10-84 Perf 5 1/2" csg @ 7272-7318 w/47 shtos. Set pkr @ 7156'. Acdz w/8000 gals 15% HCl. Swabbing.

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

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

SIGNED Melba Knippling TITLE Unit Head DATE January 24, 1984

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 17 1984