

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 Attn: Melba Knipling

3. ADDRESS OF OPERATOR
P.O. Box 1600, Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660' FSL & 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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Set casing</u>	

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.)

1-2-84 Set 5 1/2", 17#, K-55 csg. @ 7602' w/800 sx BJ Lite and 400 sx C1C.
DV tool @ 4540'. WOC.

1-6-84 Tested DV tool to 2000' for 15 min., OK.

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

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

SIGNED Melba Knipling TITLE Unit Head DATE January 18, 1984

ACCEPTED FOR RECORD (This space for Federal or State office use)	
APPROVED BY PETER W. CHESTER FEB 17 1984	TITLE _____ DATE _____

*See Instructions on Reverse Side

Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY	Form C-104 Revised 10-1-78
FEB 06 1984	
O. C. D.	
ARTESIA, OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Exxon Corporation
Address
P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Isler Federal	Well No. 3	Pool Name, including Formation Many Gates Wolfcamp	Kind of Lease Isler Federal Wolfcamp	Lease No. NM-055564
Location Unit Letter <u>M</u> ; 660 Feet From The South Line and 660 Feet From The West Line of Section 29 Township 9S Range 30E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (EN 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 29 9S 30E	Is gas actually connected? When Flared

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resrv. <input type="checkbox"/> Diff. Res <input type="checkbox"/>	Date Spudded 12-4-83	Date Compl. Ready to Prod. 1-29-83	Total Depth 7590	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) GR 4057'	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 7272	Tubing Depth 7243'	Depth Casing Shoe 7590'
Perforations 7272-7318				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"	DEPTH SET 829'	SACKS CEMENT 890	
11"	8 5/8"	2107'	880	
7 7/8"	5 1/2"	7590'	1200	
	2 7/8"	7243'		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-18-84	Date of Test 2-1-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 22	Water - Bbls. 57	Gas - MCF 108

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Melva Knipling
(Signature)
Unit Head

February 6, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 14 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

RECEIVED
FEB 13 1984
HOUSE OF REPRESENTATIVES