

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNEW OIL CONS. COMMISSION
P.O. Box 10
Amarillo, TXForm 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, 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Amend casing program

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
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☐
☐

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.)*

Please amend the casing and cementing program as below:

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8"	61#	850'	1000 cu. ft. CIRCULATE
11"	8 5/8"	24#	2100'	2000 cu. ft.
7 7/8"	5 1/2"	15.5, 17#	7800'	2376 cu. ft.

The 10-point plan should be amended as follows:

5.. Minimum specifications for pressure control equipment

- a. Wellhead Equipment: Flanged - type 2000 psi WP for 13 3/8"x8 5/8"x5 1/2" casing program with 2 7/8" tubing

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

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

SIGNED David R. Glass TITLE Unit Head DATE November 10, 1983

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL: NOV 21 1983

5. CASE
SNM-055564

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Isler Federal

9. WELL NO.

10. FIELD OR WILDCAT NAME

Undesig. 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 change on Form 9-330.)

