

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 ☐

MAR 11 1983

2. NAME OF OPERATOR

Exxon Corporation

O. C. D.

3. ADDRESS OF OPERATOR

P. O. Box 1600, Midland, TX 79702

ARTESIA, OFFICE

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

AT SURFACE: 660' FSL and 660' FWL of Section

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) Amend total depth, casing program

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 proposed total depth for the above well to 7800' and the casing and cementing program as follows:

Size of Hole	Size of Casing	Weight per foot	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"	54.5#	400'	CIRCULATE 254 cu. ft.
12 1/4"	8 5/8"	23, 32#	3500'	2563 cu. ft.
7 7/8"	5 1/2"	14, 15.5, 17#	7800'	2376 cu. ft.

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

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

SIGNED Neelva Knippling TITLE Unit Head DATE Februray 16, 1983

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

FEB 25 1983

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side

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

Undesig. Many Gates

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

Sec. 29, T9S, R30E

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.)