

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 ☐ gas ☒ 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.)
AT SURFACE: 660' FSL & 1980' FEL 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) ☐

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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.
4

10. FIELD OR WILDCAT NAME Undesignated
Many Gates Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T9S, R30E

12. COUNTY OR PARISH Chaves 13. STATE
New Mexico

14. API NO.
30-005-20418

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4046' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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OIL & GAS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled, give azimuth and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drilled 11" hole to 3510'.

Ran 41 jts 24# 8 5/8" csg set at 3508'. Cmt w/755 sx lite, wt 12.4, tailed w/250 sx, CL "C" st 14.8, 2% CaCl₂. Bumped plug 9:45 p.m. 10-29-82. Cmt did not circ. TOC 1690'-temp survey. Ran 47 jts 1" pipe outside 8 5/8" csg cmt w/400 sx CL "C" wt 14.8. Circ 25 sx top. Job comp 10:15 p.m. 10-30-82. Tested 8 5/8" csg at 6:45 10-31-82 w/3000# - Held OK. Drilled cmt and plug at 10:15 p.m. 10-31-82 Drilling

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

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

SIGNED David R. Glabe TITLE Sr. Administrator DATE November 29, 1982

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

APPROVED BY DAVID R. GLABE DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO *See Instructions on Reverse Side

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C.C.D.
HOBBS OFFICE