

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 ☐  
well well

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 and 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:

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

(other) Change Plans

SUBSEQUENT REPORT OF:

☐  
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RECEIVED  
FEB 25 1980

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
N.M. 12693

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
--

8. FARM OR LEASE NAME  
Smith Federal

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Tomahawk San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 19, T7S, R32E

12. COUNTY OR PARISH | 13. STATE  
Roosevelt | New Mexico

14. API NO.  
30-041-20520

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4427.4 GR

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.)\*

The 24# 8 5/8" surface casing will be set at 1800' and cemented back to surface with 900 cu. ft.

The original Application for Permit to Drill was submitted showing the surface to be set in the above manner. A Sundry Notice was submitted which changed the amount of surface casing.

This was discussed with Mr. Jerry Long on 2-22-80.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Melba Knippling TITLE Proration Specialist DATE 2-22-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED

FEB 28 1980

ACTING DISTRICT ENGINEER