

UNITED STATES OF AMERICA
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

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' FWL

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) TEMPORARILY ABANDON

TEST DOWNHOLE EQUIPMENT

SUBSEQUENT REPORT OF:

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☒

LEASE

NM-12693

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SMITH FEDERAL

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

TOMAHAWK-SAN ANDRES

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

SEC 19, T. 12S, R. 32-E

12. COUNTY OR PARISH

ROOSEVELT

13. STATE

N.M.

14. API NO.

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

4421 RB

(NOTE: 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.)*

1. PULLED RODS AND TUBING.
2. SET CIBP AT 3970' W/35' CMT CAP.
3. TAGGED TOP OF CMT AT 3935'.
4. TESTED CSG W/1000^{PSI} FOR 15 MINUTES - HELD OK.
5. CAPPED WELL.
6. TEMPORARY ABANDON.

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

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

SIGNED

P. A. Lowe

TITLE

SR ADMIN

DATE

10-18-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

OCT 23 1985

LAND MANAGEMENT
AREA

RECEIVED

OCT 24 1985

O.C.D.
HOBBS OFFICE