Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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.)

RECEIVED

5. LEASE
LC-032233A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bowers A Federal

9. WELL NO.
30

1. oil well [X]   gas well [ ]   other

MAR 30 1981

2. NAME OF OPERATOR
Exxon Corporation

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

10. FIELD OR WILDCAT NAME
Hobbs Blinebry

3. ADDRESS OF OPERATOR
Box 1600   Midland, TX   79702

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA   38
S-30, T18S, R28E

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FSL and 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3653 DF

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[ ]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[X]
REPAIR WELL	[ ]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other)		

(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 tbg and rods. Set CIBP at 5672' w/ 35' cmt. on top of BP. Tested w/ 1000#. Leaked to 0 in 1½ min. Found TOC 20' lower than should have been. Dump 35' cmt. TOC 5622. Tested plug w/ 1000# - held ok.
2. Found casing leak 4951-5061.
3. Run in hole w//7WJTS 2 3/8" tbg open ended. Displaced hole w/ pkr. fluid.
4. Well shut in - under study to repair casing leak.

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

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

SIGNED _D.A. Lowe_   TITLE Sr. Administrator   DATE 3/17/81.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 2 1981

*See Instructions on Reverse Side