Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMM.
P. O. BOX 1980
HOBBS, NEW MEXICO

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: 1980' FNL & 660' FWL SEC.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
71-032233(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
BOWERS "A" FEDERAL

9. WELL NO.
31

10. FIELD OR WILDCAT NAME
HOBBS BLINEBRY

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 29 T-18-S R-38-E

12. COUNTY OR PARISH 13. STATE
LEA

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3642 GR

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)			

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

RECEIVED
JUN 18 1984
OIL CONSERVATION DIVISION
HOBBS, NEW MEXICO
JUN 19 1984

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. MOVE IN RIG U.P.
2. SET CIBP AT 6550' W/35' CMT CAP.
3. SET TREATING PKR AT 5707'. TEST CSG TO 500 PSI.
4. ACIDIZE PERFS 5794-5955' W/4500 GAL 15% ACID.
5. TESTED WELL 4 DAYS - FINAL 3 HR SWAB TEST PRODUCED 24 BLO, NO GAS W/RAINBOW OF OIL.
6. RUN IN HOLE W/34 JTS 2⅞" TBG. INSTALL WELLHEAD. WORKOVER RUN SUCCESSFUL.

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

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

SIGNED _____ TITLE SR ADMIN DATE 6-14-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

MAY 9 1984

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side

77