

UNIT 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 well

2. NAME OF OPERATOR
EXXON CORPORATION

3. ADDRESS OF OPERATOR
Box 1600 MIDLAND TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 560' REL AND 2080' FSL IF SEC.
AT TOP PROD. INTERVAL: (NE/SE)
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) ADD PAY

SUBSEQUENT REPORT OF:

☐
☐
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☐
☐
☐
☐
☐
☐

X -

5. ISE

LC-032233 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BOWERS A FEDERAL

9. WELL NO.

38

10. FIELD OR WILDCAT NAME

Hobbs DRINKARD

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

SEC 30, T-18S R-38-E

12. COUNTY OR PARISH 13. STATE

LEA

N. M.

14. API NO.

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

3650 KDB

(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 R&DS AND TUBING.
2. CLEANED OUT TO TD.
3. PERF 5 1/2" ESG 6838-6748 WITH TOTAL 29 SHOTS. PERF 6636-6644 6674-79, 6706-08, 6724-34.
4. SET PKR AT 6550' TESTED TBG TO 5000# PSI AND CASING ANNULUS TO 1000# PSI.
5. SET PKR AT 6840' ACIDIZED PERFS 6838-6636 w/132 bbls 15% NEFE ACID.
6. PLACED ON PUMP.
7. TESTED WELL FOR 10 DAYS - FINAL TEST 5 BD, 19 BW.

ACCEPTED FOR RECORD

HWD
NOV 12 1985

Subsurface Safety Valve: Manu. and Type

Set @ CARLSBAD, N. M. MEXICO

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

SIGNED J. R. Lowe TITLE SR ADMIN DATE 10-31-85

(This space for Federal or State office use)

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

RECEIVED

NOV 13 1985

O.C.P.
RECEIVED ACE

NOV 4 - 1985

O.C.P.
HOBBS OFFICE