

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

Box 1600, MIDLAND, TEXAS 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 560' FELAND 2080' FSL OF 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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5. LEASE

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

LEA

13. STATE

NEW MEXICO

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. PULL RODS AND TUBING.
2. CLEAN OUT TO TD 7007.
3. PERF 5 1/2" CSG. 6636-6644, 6674-6679, 6706-6708, 6724-6734, 6748-6752, 6756-6760, 6802-6812, 6831-6838 W/15 PF.
4. SET PKR AT 6570, TEST ANNULUS TO 1000 PSI. TEST TBG TO 5000 PSI.
5. ACIDIZE PERFS 6636-6838 W/5502 GAL 15% NEFIE HCL.
6. PLACE WELL ON PUMP.

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

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

SIGNED J. A. Lowe TITLE S.R. ADMIN. DATE 2-20-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-27-85
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR -1 1985

CHIEF
HONORARY CHIEF