

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 ☒ well gas ☐ well other ☐  
2. NAME OF OPERATOR  
Exxon Corporation Attn: M. Knipling  
3. ADDRESS OF OPERATOR  
P. O. Box 1600, Midland, TX 79702  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 560' FEL and 2080' FSL of Sec.  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Set casing			

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.)\*

3-13-84 Set 97 jts 10 3/4"/45.5, 51#/K-55 csq @ 4491' in 12 1/4" hole. Cement w/1650 sx Cl C. Circ 150 sx to reserve. WOC 19 1/2 hrs. before drill out. Test casing to 2000 psi for 30 min. Held OK.

3-22-84 Drilled to TD of 7000'. Set 176 jts 5 1/2"/17#/K-55 casing @ 7000' in 7 7/8" hole. DV tool @ 5570. 1st stage cemented w/230 sx Cl C. 2nd stage w/430 sx Cl C. Did not circ. TOC @ 4985'. Cement job witnessed by Walter Cox-BLM.

FRR 3-23-84.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

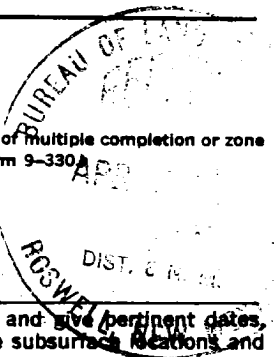
SIGNED Melba Knipling TITLE Unit Head DATE 4-4-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE  
LC-032233 (A)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
Bowers  
8. FARM OR LEASE NAME  
Bowers A Federal  
9. WELL NO.  
38  
10. FIELD OR WILDCAT NAME  
Hobbs  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30-18S-38E.  
12. COUNTY OR PARISH  
Lea  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3647' GR.

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



MAY 11 1984

NEW MEXICO