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.)

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: 660' FSL AND 660' FEL OF SECTION
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-048714(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
L.C. FOPEANO FED. A/C 1

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
EUMONT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 26, T-20-S, R-36-E

12. COUNTY OR PARISH: LEA | 13. STATE: N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3564

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) TEST INTEGRITY OF DOWNHOLE EQUIP.			

(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 TUBING.
2. SET CIBP @ 3020'. CAP W/35' CMT.
3. TEST 5½" CSG AND EACH ANNULUS TO 500 PSI. LEAK OFF MUST NOT EXCEED 50 PSI IN 15 MIN.

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 ADMIN DATE 6-22-84

(This space for Federal or State office use)

APPROVED BY R. Richardson TITLE P.E. DATE 7/2/84
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side