

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, TX 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:

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) Plug back - Perf treat ☐

SUBSEQUENT REPORT OF:

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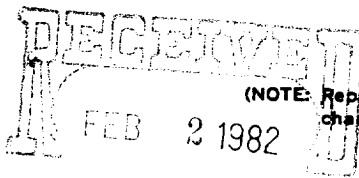
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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 production equipment.
2. Set cement retainer in wireline at 3630'.
3. Sting into cement retainer w/2 7/8" tubing, cement 4" liner w/10:1sx Class "C".
4. Run 4 3/4" bit and scraper on 2 7/8" tubing, clean to cement retainer (3630').
5. Perf 5 1/2" casing at 3600 - 3615', 3172 - 3190, 3145 - 3153, 3124 - 3131, 3090-3100, 3060 - 3065, 3020 - 3026, w/1 SPF.
6. Acidize w/5200 gal. inhibited 15% HCL acid.
7. Frac w/27,000 gals dresser titan XL-3 + CO₂, 61,000# 20-40 mesh sand, and 9000# 10-20 mesh sand.
8. Well placed on pump. Well tested from 11-25-81 to 12-22-81 on last test, well produced no oil, 4 barrels water, gas TSTM.
9. Well shut in, prepare to temporarily abandon.

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

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

SIGNED D.P. Kuen TITLE Sr. Administrator DATE 2/1/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FEB 11 1982
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