

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424

**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: 1980' FNL 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:		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)	Free stuck pump, place on production, acidize.		

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.)\*

- Hot oil well to free stuck pump, pump test well, if pump test is not good, pull rods and tubing.
- Clean hole to 3860'.
- Acidize OH (3704-3860) w/2000 gal 15% NE HCl
- Pull treating equipment and place on pump.

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APR 2 1982

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

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

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

SIGNED J. F. Lane TITLE Sr. Administrator DATE 4-1-82

(This space for Federal or State office use)

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

APPROVED  
APR 8 1982  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

5. LEASE  
71-048741-B 22-048741 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
L.C. Fopeano A/C 2

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Eumont Oil

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
35, 2-S, 36-E 35-205-36E

12. COUNTY OR PARISH | 13. STATE  
Lea | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3560 DF

Orig - 10<sup>3</sup>/<sub>4</sub> - 150sx      <sup>at 0.</sup> 154'  
7<sup>5</sup>/<sub>8</sub>      950x      1276  
5<sup>1</sup>/<sub>2</sub>      1255x      2704'

RECEIVED  
APR 9 1982  
O.C.D.  
HOBBS OFFICE