

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

U. S. GEOLOGICAL SURVEY  
P. O. BOX 1800  
ROSWELL, NEW MEXICO 88240

Form Approved.  
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: 600' EIL 400' 200' EIL  
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 checked="" 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)                  | <input type="checkbox"/> |                       | <input type="checkbox"/>            |

5. LEASE  
71-048741-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.  
8
10. FIELD OR WILDCAT NAME  
Eumont
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25, T-20-S, R-36-E
12. COUNTY OR PARISH  
Lea
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
35'

(NOTE: Report results of multiple completion or zone change on Form 9-330.7)

**RECEIVED**  
APR 4 1983  
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. Test tbg in hole to 5000#.
3. Ran pump and rods in hole.
4. Acidized down annulus w/2000 gal 15% HCl acid.
5. Tested well five days - last test well prod. 12 BO plus 10 BW.

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

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

SIGNED *L. R. Davis* TITLE Sr. Administrator DATE March 30, 1983

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 12 1983

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO