Form 9-331 Dec. 1973

N. M. GIL CONS. Commission P. O. BOX 1980 HOBBS, NEW MEXICO 88240

Form A	pproved	١.		
Budget	Bureau	No.	42-R14	24

`	UNITED STATES	5. LEASE		
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 from 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to drill or to deepen or plug back to a different least of the form 3-312-for such proposals to different least or drill or to deepen or plug back to a different least of the form 3-312-for such proposals or deepen or plug back to a different least of the form 3-312-for such proposals or deepen or plug back to a different least or such proposals or deepen or plug back to a different least or such proposals or deepen or plug back to a different least or such proposals or deepen or plug back to a different least or such proposals or deepen or plug back to a different least or such proposals or deepen least or deepen	DEPARTMENT OF THE INTERIOR	NM-16353		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different serveric use from 5-31-C for such proposals. 1. oil	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS UN WELL Do not use this from for proposals to drill or to deepen or plug back to a different reservor; the form 3-31-2 for such projectals. Reservor (September 19, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11				
Do not use this form for proposals to drill or to despen or plug back to a different servicir. Use from 3-31-Cfr use horizonates. 1. oil 3	SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
1. oil	(Do not use this form for proposals to drill or to deepen or plug back to a different			
2. NAME OF OPERATOR EXXON COrporation 3. ADDRESS OF OPERATOR Post Office Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) 1980 FNI, and 1980 FEL of Section. AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DETH: 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 CHANGE ZONES ABANDON' (other) Amend Casing Program. 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu, and Type Subsurface Safety Valve: Manu, and Type Subsurface Safety Valve: Manu, and Type (This space for Federal or State office use) (ORIG. SGD.) DAYID R. GLASS ORE SEASE (ORIG. SGD.) DAYID R. GLASS ORE SEASE SECTION 28-24-3-32E 11. SEC. T. R., M., OR BLK. AND SURVEY OR AREA AREA SECTION 28-24-3-32E 12. COUNTY OR PARISH 13. STATE Lea Naw Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3540' GR. (NOTE: Report results of multiple completion or zon- change on Form 9-330.) (NOTE: Report results of multiple completion or zon- 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu. and Type (This space for Federal or Sta	reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
Veil Departor EXXON COPPORATION 3. ADDRESS OF OPERATOR Post Office Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 1980' FNL and 1980' FEL of Section. AT SURFACE: 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: FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON' (other) Amend Casing Program. 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 are measured and true vertical depths for all markers and zones pertinent to this work.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. JUN 1 0 1983 CR. 8 GAS Subsurface Safety Valve: Manua and Type JUN 1 10 1983 CR. 8 GAS (Chies backe for Federal or State office use) (ORIG, SGD.) DAVID R. GLASS DATE DATE Line 6, 1983				
EXXON COTPORATION 3. ADDRESS OF OPERATOR Post Office Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 1980' FNL and 1980' FEL of Section. AT SURFACE: 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		9. WELL NO.		
3. ADDRESS OF OPERATOR Post Office Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FNL and 1980' FEL of Section. AT SURFACE: 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 FRACTURE TREAT 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent change on Form 9-330.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates measured and true vertical depths for all markers and zones pertinent to this work.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. JUN 1 0 1983 ON 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. NAME OF OPERATOR	1		
Post Office Box 1600, Midland, Texas 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980 'FNL and 1980' FEL of Section. AT SURFACE: 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL UNITED COMPLETE CHANGE ZONES ABANDON* (other) Amend Casing Program. 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 are measured and true vertical depths for all markers and zones pertinent to this work.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu. and Type JUN 1 0 1983 ONLY 10 1983 ONL		•		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980 'FNL and 1980' FEL of Section. AT SURFACE: 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 GRACINER TREAT SHOOT OR ACIDIZE CHANGE ZONES ABANDON* O(ther) Amend Casing Program. 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 are measured and true vertical depths for all markers and zones pertinent to this work.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu, and Type Subsurface Safety Valve: Manu, and Type Subsurface Safety Valve: Manu, and Type (ORIG, SGD.) DAVID R. GLASS				
Section 28-24S-32E Section 28-24S-32E Section 28-24S-32E 12. COUNTY OR PARISH 13. STATE Lea New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALITER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON' Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED (OR IG. SGD.) DAVID R. GLASS (CRISE OR SECTION 28-24S-32E 12. COUNTY OR PARISH 13. STATE Lea New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3540' GR. (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.)		_1		
Decivity PAL and 1980° FEL of Section. AT SURFACE: 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 SHOOT OR ACIDIZE REPAIR WELL ONTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) T. 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.) Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000°. Subsurface Safety Valve: Manu. and Type JUN 1 0 1983 Cit. 8 6.38 Cit.		1 11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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: 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3540' GR. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3540' GR. 16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF: 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 are measured and true vertical depths for all markers and zones pertinent to this work.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. JUN 10 1983 CH. & G.S. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED TILE Unit Head DATE June 6, 1983 (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS				
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 18. ELEVATIONS (SHOW DF, KDB, AND WD) 3540' GR. 19. COMPLETE COMPLETE COMPLETE COMPLETE CHANGE ZONES ABANDON* (Other) Amend Casing Program. 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu. and Type Set @ F 18. I hereby certify that the foregoing is true and correct signed Williams of Foregoing is true and correct (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS				
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3540				
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	16 CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	1 14. /11 NO.		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE CHANGE ZONES ABANDON* (other) Amend Casing Program. 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 are measured and true vertical depths for all markers and zones pertinent to this work.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. JUN 1 0 1983 Pit 8 3.8 Subsurface Safety Valve: Manu. and Type Set @ F In thereby certify that the foregoing is true and correct SIGNED THE Unit Head DATE Lune 6, 1983 (ORIG. SGD.) DAVID R. GLASS		15. FLEVATIONS (SHOW DE KDR AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE SHOOT OR ACIDIZE CHANGE ZONES ABANDON* (other) Amend Casing Program. 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED (ORIG. SGD.) DAVID R. GLASS DATE (ORIG. SGD.) DAVID R. GLASS				
FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR	REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	740		
SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES HARANDON* (other) Amend Casing Program. 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 are measured and true vertical depths for all markers and zones pertinent to this work.)* Please amend the casing and cementing program to show that the top of cement on the 5 I/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu. and Type Set @ F 18. I hereby certify that the foregoing is true and correct SIGNED THIS Unit Head DATE June 6, 1983 (ORIG. SGD.) DAVID R. GLASS	TEST WATER SHUT-OFF			
REPAIR WELL PULL OR ALTER CASING WILTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Amend Casing Program. 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 I/2" csg string will be at 3,000'. Subsurface Safety Valve: Manu. and Type Set @ F 18. I hereby certify that the foregoing is true and correct SIGNED THIE Unit Head OATE June 6, 1983 CORIG. SGD.) DAVID R. GLASS				
PULL OR ALTER CASING		(NOTE: Report results of multiple completion or zone		
CHANGE ZONES ABANDON* (other) Amend Casing Program. 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 I/2" csg string will be at 3,000'. DIN 1 0 1983 Pil. 8 658 Subsurface Safety Valve: Manu. and Type Set @ F 18. I hereby certify that the foregoing is true and correct SIGNED THE Unit Head DATE June 6, 1983 (ORIG. SGD.) DAVID R. GLASS				
CHANGE ZONES ABANDON* (other) Amend Casing Program. 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 I/2" csg string will be at 3,000'. DIN 10 1983 CIL & CAS Subsurface Safety Valve: Manu. and Type Set @ F 18. I hereby certify that the foregoing is true and correct SIGNED TITLE Unit Head DATE June 6, 1983 (ORIG. SGD.) DAVID R. GLASS	MUITIPLE COMPLETE 11 11			
(other) Amend Casing Program. 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.)* Please amend the casing and cementing program to show that the top of cement on the 5 I/2" csg string will be at 3,000'. JUN 10 1983 OH. 8 GAS Subsurface Safety Valve: Manu. and Type Set @ F 18. I hereby certify that the foregoing is true and correct SIGNED TO THE Unit Head DATE June 6, 1983 (This space for Federal or State office use)	CHANGE ZONES			
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.)* Please amend the casing and cementing program to show that the top of cement on the 5 1/2" csg string will be at 3,000". JUN 1 0 1983 Pl. 8 638 RC3W				
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.)* Please amend the casing and cementing program to show that the top of cement on the 5 I/2" csg string will be at 3,000'. JUN 1 0 1983 RIL 8 6.48 Subsurface Safety Valve: Manu. and Type	(other) miche odorne rrogram.			
Subsurface Safety Valve: Manu. and Type Set @ F 18. I hereby certify that the foregoing is true and correct SIGNED What The Unit Head DATE June 6, 1983 (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS	including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and nt to this work.)*		
Subsurface Safety Valve: Manu. and Type		to show that the top of cement		
Subsurface Safety Valve: Manu. and Type	on the 5 $1/2$ " csg string will be at 3,000".			
Subsurface Safety Valve: Manu. and Type	DECENTED)			
Subsurface Safety Valve: Manu. and Type	JUN 1 0 1983			
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED WHAT THE Unit Head DATE June 6, 1983 (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS	OH 8 0.38			
18. I hereby certify that the foregoing is true and correct SIGNED WATER TITLE Unit Head DATE June 6, 1983 (This space for Federal or State office use)	MOGNATION AND COMPANS			
SIGNED W TO THE Unit Head DATE June 6, 1983 (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS	Subsurface Safety Valve: Manu. and Type	Set @ Ff		
SIGNED WE THE Unit Head DATE June 6, 1983 (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS	18. I hereby certify that the foregoing is true and correct			
(ORIG. SGD.) DAVID R. GLASS		DATE June 6 1083		
(ORIG. SGD.) DAVID R. GLASS	Melba knipilne /			
APPROVED BY ORIG. SGD.) DAVID R. GLASS DATE DATE	•	ffice use)		
CONDITIONS OF APPROVINITIONS 1002	ORIG. SGD.) DAVID R. GLASS	DATE		
	CONDITIONS OF APPROVINT APPROVINT 1002			