

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 ☐ gas ☐ other ☒ Dry

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.) 660' FNL & 660' FWL 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

NM-18631

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jackson Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undesig.-Double X

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26-24S-32E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

30-025-28242

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3569' GR

(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.)*

Plugs were set 7-27-83 as follows:

1. 8620-8810' w/76 sx ClH Neat
2. 4988-5006' w/115 sx ClH cmt.
3. 4875-4975' w/75 sx ClH Neat
4. 534-684' w/50 sx ClH Neat
5. 3-50' w/2 yards RediMix
csg. cut 3' below ground level. Metal plate welded on.

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

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

SIGNED Melba Knippling TITLE Unit Head DATE 2 August 1983

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3-7-85

RECEIVED

MAR 11 1985

O.C.B.
HOMES OFFICE