N. M. OH. CONS. COMMIST Y

P. O. BOX 1980

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Form 9-331

HOBBS, NEW MEXICO 88240

Form Approved. Budget Bureau No. 42-B1424

| UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | 5. LEASE NM-18631 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
|---|---|--|
| 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.) | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME | |
| 1. oil gas well well other Dry | Jackson Federal 9. WELL NO. | |
| 2. NAME OF OPERATOR Exxon Corporation | 1 10. FIELD OR WILDCAT NAME UndesigDouble X | |
| 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 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-24S-32E | |
| AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | 12. COUNTY OR PARISH13. STATELeaNew Mexico14. API NO. | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3569' GR | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF | (NOTE: Report results of multiple completion or zone change on Form (* 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 will be set as follows:

Plug 1. 8620-8810' w/75 sx Cl H 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 ALLAN AND TIPLE Unit Head DATE | 2 August 1983 | |
| APPROVED (This space for Federal or State office use) APPROVED BY Sed.) PETER W. CHESTER TITLE DATE CONDITIONS OF APPROVAL IF ANY: SEP 1 0 1983 | | |
| *See Instructions on Reverse Side | | |

