

N. M. P. C. COM. COMMISSION
P. O. BOX 1660
HOBBS, NEW MEXICO 88240

UNITED STATES RECEIVED 88240
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
JUL 27 10 50 AM '83

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.) 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:	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) Amend Total Depth _____	

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
Wildcat (Bone Spring)
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.
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.)*

The Bone Spring formation will be tested in the above well. Attached are plats for Wildcat (Bone Spring) Field.

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

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

SIGNED Meera Krishning TITLE Unit Head DATE July 22, 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 11 1983

Exxon Lse. No. _____ NEW MEXICO OIL CONSERVATION COMMISSION
State Lse. No. _____ WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

Federal Lse. No. _____ All distances must be from the outer boundaries of the Section.

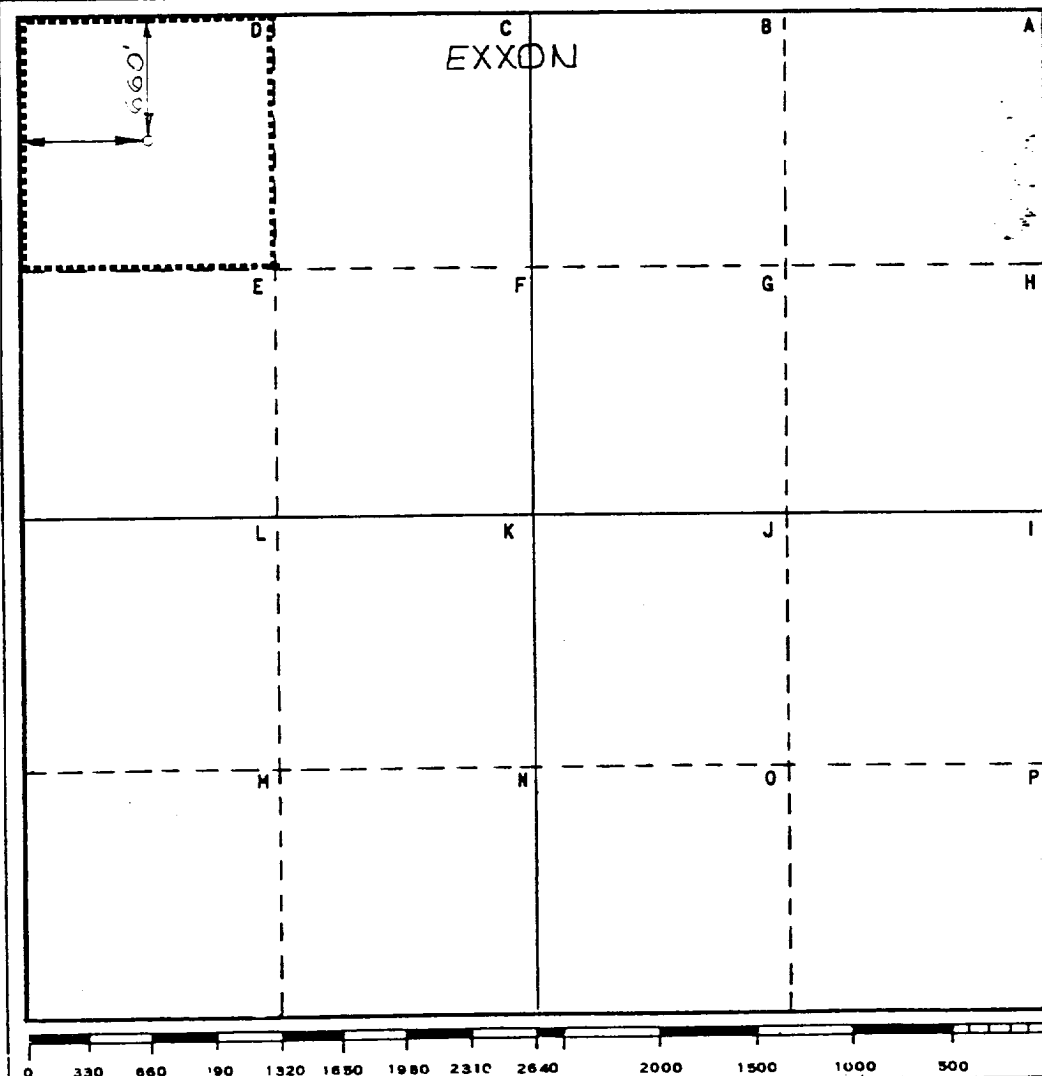
Operator Exxon Corporation		Lease JACKSON FEDERAL #1		Well No. 1	
Unit Letter C	Section 26	Township 24S	Range 32E	County LEA	
Actual Footage Location of Well: 660' feet from the NORTH line and 660' feet from the WEST line					
Ground Level Elev: 3569	Producing Formation BONE SPRING		Pool WILDCAT	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Position _____

UNIT HEAD

Company Exxon Corporation

Box 1600 Midland, Texas

Date _____

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

5-20-83

Registered Professional Engineer
and/or Land Surveyor

Certificate No. _____

6157