

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-25457
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. B-934

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 "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL [X] GAS WELL [] OTHER []

2. Name of Operator Exxon Corp. (Regulatory Affairs)

3. Address of Operator P.O. Box 1600, Midland, Texas 79702

4. Well Location Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line Section 2 Township 22 S Range 37 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3371 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [], PLUG AND ABANDON [], TEMPORARILY ABANDON [], CHANGE PLANS [], PULL OR ALTER CASING [], OTHER: []. SUBSEQUENT REPORT OF: REMEDIAL WORK [], ALTERING CASING [], COMMENCE DRILLING OPNS. [], PLUG AND ABANDONMENT [], CASING TEST AND CEMENT JOB [], OTHER: Add pay & PWOP Downhole Comm. [X] DHC 769

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
11-02-90 perf 6606 to 7070 (78 shots)
11-05-90 SXE acid frac w/17,500 gals Dowell SXE acid 5,250 gals 15% HCL neat
11-07-90 thru 11-08-90 swab
11-12-90 RIH w pump & rods SN.@ 7291.
11-29-90 thru 11-28-90 bldg wellhead working on electricity and pump
11-29-90 well pumping into bty.
12-06-90 well testing
12-14-90 well resumed production 64 BOPD, 24 BWPD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Sharon B. Timlin TITLE Staff Office Assistant DATE 1-30-91
TYPE OR PRINT NAME Sharon B. Timlin TELEPHONE NO. 915-688-7509

(This space for State Use)
APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

FEB 02 1960