

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 1750, 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. 3002505887
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name EUMONT GAS COM 1
8. Well No. 2
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)

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" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator EXXON CORPORATION
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702
4. Well Location Unit Letter L : 2080 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 4 Township 20S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3558 GR

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 & ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER: **ADD PAY FROM QUEEN TO 7 RVRS**

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.

06/23/95 MIRU
06/26/95 SET CIBP @ 3360' PERF 3036 TO 3161 W/ RHSC 3 1/8" 1 SPF
06/27/95 FRAC W/ 162000# 12/20 SAND AND 40200 GALS FLUID
06/29/95 RIH W/ 2 3/8 PRODUCTION TUBING TO 3232'
06/30/95 WAITING ON SID RICHARDSON TO PUT WELL DOWN SALES LINE

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 08/30/95

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY EXXON
DEPARTMENT OF ENERGY

APPROVED BY _____ TITLE _____ DATE **SEP 15 1995**

CONDITIONS OF APPROVAL, IF ANY:

SEP 14 1995

RECEIVED
SEP 14 1995
OCD HOBBS
OFFICE