

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

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

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

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

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER	WELL API NO. 3002506467
2. Name of Operator EXXON CORPORATION	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	6. State Oil & Gas Lease No. B-935
4. Well Location Unit Letter M : 660 Feet From The SOUTH Line and 810 Feet From The WEST Line Section 10 Township 21S Range 37E NMPM LEA County	7. Lease Name or Unit Agreement Name NEW MEXICO V STATE
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3460 GR	8. Well No. 5
	9. Pool name or Wildcat WILDCAT Queen

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: **TO SHOW WELL SHUT-IN** ☒

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.

08/18/93 SET CIBPS AT 6720, 6120, & 4400, DUMP BAIL 35 SXS CMT ON TOP OF EACH, LOAD & TEST CSG TO 1000 PSI. SWION
08/19/93 PERF QUEEN, 3429-3731, 48 SHOTS, 1/FT
08/20/93 ACDZ PERFS 3429-3731 W/5840 GALS ACID
08/23/93 FRAC QUEEN, 3429-3731 W/51820 GALS GEL & 184000# 12/20 HICKORY SAND.
08/28/93 SWABBED WELL DRY. SWION.
09/01/93 OPENED WELL TO SALES LINE, NO LIQUID SURFACED. SWI.

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 ASST. DATE 09/28/93
TYPE OR PRINT NAME SHARON B. TIMLIN (915) 688-6166 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE JAN 12 1994

CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1994

2A Kautz Abo

RECEIVED

APR 11 1993

**U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**