

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

c15
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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

WELL API NO.	30-015-24495
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
Hondo Fee	
8. Well No.	2
9. Pool name or Wildcat	Avalon - Delaware

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.)

RECEIVED

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator Exxon Corporation
3. Address of Operator P.O. Box 1600, Midland, TX 79702	4. Well Location Unit Letter K : 1980 Feet From The South Line and 1650 Feet From The West Line Section 32 Township 20S Range 28E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3210 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Add Pay Same Pool ☒

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.

9-25-89 MIRU, Test anchors, NU BOP and test.
9-26-89 Perf: 2680' - 2700', 1 spf.
9-27-89 Acidize w/ 1000 gal of 15% HCL.
9-28-89 Swab
9-29-89 Perf: 2660' - 2640', 2576' - 2564'.
9-30 thru 10-2 Swab
10-3-89 Frac w/ 9576 gal of gelled frac fluid and 13,450# of 20/40 sand.
10-4-89 Flow back well
10-5-89 TOOH w/ PKR
10-6-89 SI
10-7-89 Clean out hole and set PKR @ 2440'.
10-8-89 SI
10-9 & 10 Swab
10-11-89 RIH w/ prod tbg, SN @ 2508. PWOP
10-12 thru 11-8 Pump test, 11-8-89 10 BO, 83 BW, 7 KCF

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

SIGNATURE <u>S. Johnson</u>	TITLE <u>Administrative Specialist</u>	DATE <u>12-19-89</u>
TYPE OR PRINT NAME <u>Stephen Johnson</u>	(915) 688-7548	TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 29 1989