Submit 3 Copies To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM ()(87505	Form C-103 Revised March 25, 1999 WELL API NO. 30-015-24926 5. Indicate Type of Lease STATE ⊠ FEE 6. State Oil & Gas Lease No.								
SUNDRY SOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLY PROPOSALS.) 1. Type of Well: Oil Well X Gas Well	 Lease Name or Unit Agreement Name: Exxon State 								
2. Name of Operator The Eas	8. Well No. #2								
3. Address of Operator P.O. Dra	9. Pool name or Wildcat Artesia, Qn, GR, SA								
4. Well Location									
Unit Letter <u>M</u> :					rom the West	_line			
Section 9	Township		Range 28-E	NMPM	County Eddy	/			
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,624' GL									
11. Check A NOTICE OF IN PERFORM REMEDIAL WORK □	Report or Other SEQUENT RE								
TEMPORARILY ABANDON	CHANGE PLANS			LLING OPNS.	PLUG AND ABANDONMENT	\boxtimes			
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	1D 🗌					
OTHER:			OTHER:						

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

08/19/02 Notified OCD, Vann Barton. MIRU Triple N rig #25. Unseated pump and POOH w/ 92 ³/₄" rods. ND wellhead and POOH w/ 76 jts tbg and seating nipple. SDFN.

08/20/02 RIH w/ 4 $\frac{3}{4}$ " bit and tubing to 2,134'. POOH w/ bit. RIH w/ HM tbg-set CIBP on tubing to 2,134'. RU cementer and set CIBP @ 2,134'. Circulated hole w/ mud and pumped 25 sx C cmt 2,134 – 1,887'. POOH w/ to 679' and pumped 70 sx C cmt 679' to surface. POOH w/ tbg, topped off well w/ cmt. RDMO.

08/23/02 Cut off wellhead and capped well, installed marker. Backfilled pit and cellar, cut off anchors.

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Thereby certify that the information above is true and c SIGNATURE <u>Aracus Reed</u>	TITLE	Agent	DATE22
Type or print name Travis Reed			Telephone No. 915-683-629
(This space for State use) APPPROVED BY Ourophy Conditions of approval, if any:	TITLE	Gerry Guye Compliance Officer	DATE 10-8-07
Conditions of approval, if any:			