

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

45F+  
DP

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. Unknown
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

**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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Exxon Corporation	3. Address of Operator P.O. Box 1600, Midland, TX 79702	4. Well Location Unit Letter G : 1942 Feet From The North Line and 1525 Feet From The East Line Section 22 Township 21S Range 25E NMPM Eddy County	7. Lease Name or Unit Agreement Name Cat Claw Draw	8. Well No. 8	9. Pool name or Wildcat Cat Claw Draw (Delaware)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3465 GR						

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

2-9-89 MIRU  
2-10-89 Acidized w/ 5000 gal of 15% HCL  
2-11-89 Swab  
2-13-89 Pump scale inhibitor  
2-14-89 RIH w/ pumping BHA  
2-15 thru 3-7-89 testing, 3-7-89 21 hr pump test 11 B0, 38 BW

2-21 thru 3-2 test, 24 hr pump test 28 B0, 63 BW

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

SIGNATURE Stephen Johnson TITLE Administrative Specialist DATE 3-20-89  
TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use)

Original Signed By  
Mike Williams

MAR 22 1989

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: