

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 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.
30-015-24048

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM-1119

7. Lease Name or Unit Agreement Name

Yates C Federal

8. Well No.
2

9. Pool name or Wildcat
Burton Flat

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 ☐ GAS WELL ☐ OTHER ☒ SWD Injection

2. Name of Operator
Exxon Corp.

3. Address of Operator
P. O. Box 1600, Midland, TX 79702

4. Well Location
Unit Letter J : 1980' Feet From The East Line and 1980' Feet From The South Line
Section 31 Township 20S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3229 GL

11. 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 AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Acidize ☒

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.

11-08-91 MIRU Acidize well w/5000 gals 20% HCL
11-09 to 11-19-91 Swab well no fluid return, shut in.
11-25-91 Test well for injection per letter of 9-27-91 from state
of New Mexico signed by David Catanach
11-29-91 Well shut in

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

SIGNATURE Sharon B. Simlin TITLE Sr. Staff Office Asst. DATE 12-13-91
(915) 688-7509
TELEPHONE NO.

(This space for State Use)

APPROVED BY Wrong Form TITLE Record Only DATE
CONDITIONS OF APPROVAL, IF ANY: