

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

C/SF

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.)		WELL API NO. 3001524696
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER WATER INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION ✓		6. State Oil & Gas Lease No. NM-01119
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name YATES C FEDERAL
4. Well Location Unit Letter _____ : 563 Feet From The NORTH Line and 560 Feet From The EAST Line Section 5 Township 21S Range 27E NMPM EDDY County _____		8. Well No. 35
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		9. Pool name or Wildcat UNDESIGNATED AVALON

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: **MECHANICAL INTEGRITY TEST** ☒

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.

A MECHANICAL INTEGRITY TEST WAS RUN ON THIS WELL 08-07-92. A COPY OF THE CHART IS ATTACHED.

RECEIVED
AUG 21 1992
O. C. D.
OFFICIAL OFFICE

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

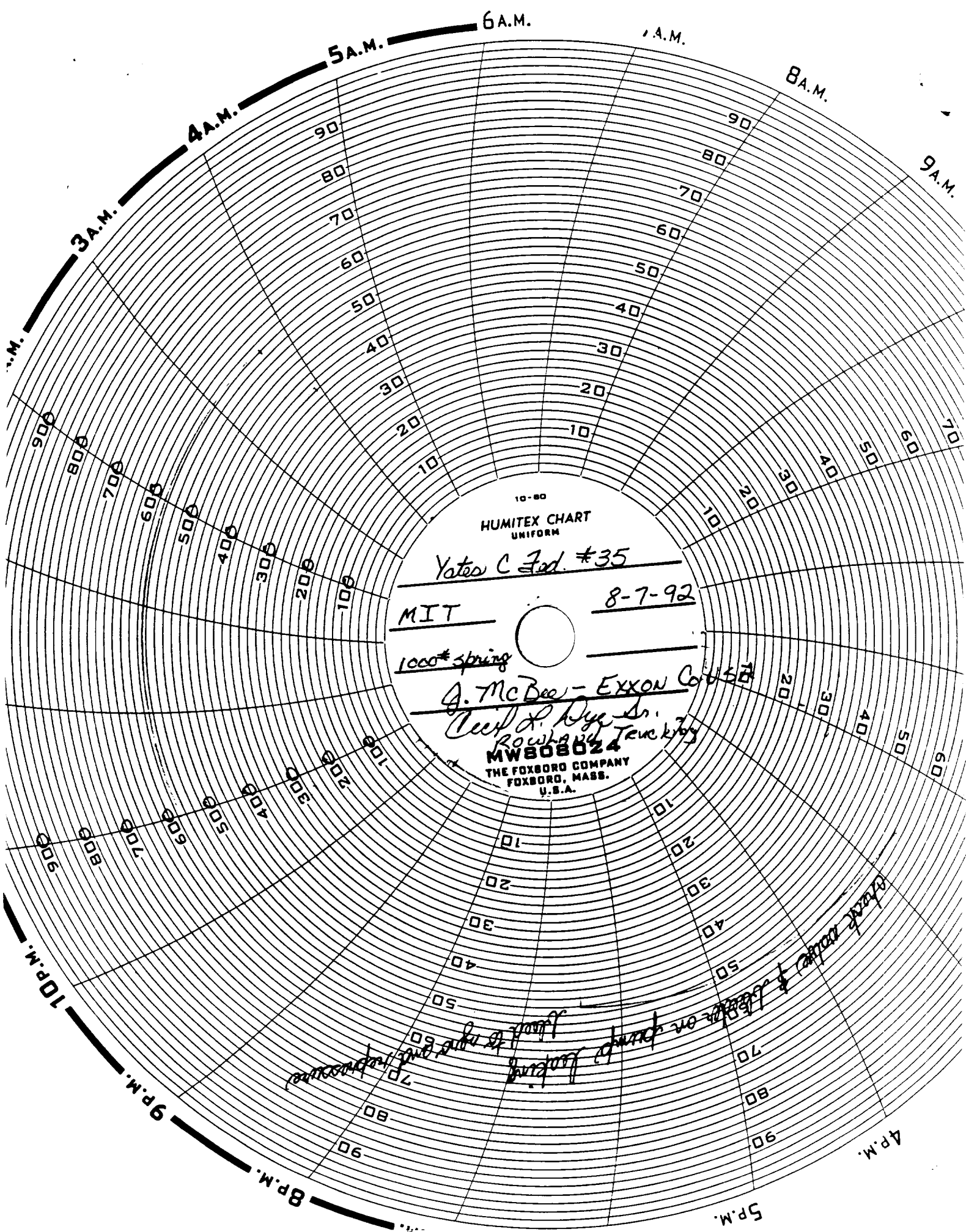
SIGNATURE Staci Turner TITLE Office Assistant DATE 08/12/92

TYPE OR PRINT NAME Staci R. Turner (915) 688-7899 TELEPHONE NO.

(This space for State Use)

APPROVED BY For Record Only TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



HUMITEX CHART
UNIFORM

Yates C Fed. #35

MIT

8-7-92

1000* spring

J. McBee - Exxon Co. 150

Carl A. Rye Jr.
Rowland Jenkins

MWB08024
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

Check notes & 1500 on pump looking for signs of and in pressure