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

RECEIVED
JAN - 6 1991
O. C. D.
ARTESIA, OFFICE

WELL API NO. 30-015-20831

5. Indicate Type of Lease STATE ☐ FEE ☒

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.)

7. Lease Name or Unit Agreement Name: South Carlsbad Gas Com No 1

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: Exxon Corporation ✓

8. Well No. 1

3. Address of Operator: P. O. Box 1600, Midland, TX 79702 Attn: Regulatory Affairs

9. Pool name or Wildcat: South Carlsbad, Morrow

4. Well Location
Unit Letter N : 1980 Feet From The West Line and 990 Feet From The South Line

Section 23 Township 23S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3285 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
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.

11-23-91	MIRU	Plug 1	10,550 - 9450, tagged TOC, 80 sx Cl H cement
		Plug 2	9,328 - 8481, tagged TOC, 25 sx Cl H cement
11-26-91		Plug 3	6,742 - 6420, tagged TOC, 25 sx Cl H cement
11-27-91		Plug 4	5,345 - 4795, 25 sx Cl C cement
11-29-91		Plug 5	1,775 - 1400, tagged TOC, 80 sx Cl C cement
11-30-91		Plug 6	660 - 380, 248 sx Cl C cement
		Plug 7	100 - Surface, 37 sx Cl C cement.
12-02-91	Cut off wellhead. Installed dry hole marker.		
12-03-91	Cleaned location.		

Part II-2
1-24-92
KH

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

SIGNATURE Judy Bagwell TITLE Sr Staff Office Assistant DATE 12/30/91

TYPE OR PRINT NAME Judy Bagwell TELEPHONE NO. 915/688-7546

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep. DATE FEB - 6 1992

CONDITIONS OF APPROVAL, IF ANY: