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SEP 08 '88

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Cat Claw Draw
9. Well No. 8
10. Field and Pool, or Wildcat Cat Claw Draw-Delaware
12. County Eddy

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator  
Exxon Corporation ✓ Attn: Permits Supervisor

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

4. Location of Well  
UNIT LETTER G , 1942 FEET FROM THE North LINE AND 1525 FEET FROM  
THE East LINE, SECTION 22 TOWNSHIP 21S RANGE 25E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
GR 3465

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPHS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

7-21-88 Set cement retainer at 1850'.  
7-22-88 Pumped 100 sx CLC into perfs at 1926' - 1980'. Formation sqz'd after 46 sx.  
7-25-88 Drill out cmt and CIBP.  
7-29-88 Put well on test.  
8-22-88 FRW, 24 hr test, 18 B0, 51 BW

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

SIGNED Stephen Johnson TITLE Administrative Specialist DATE 09-6-88

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 12 1988

CONDITIONS OF APPROVAL, IF ANY: