

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. 30-025-30541

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG 959

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

New Mexico "FI" State

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

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The West Line
Section 15 Township 15S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4191 GR

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: ☐

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.

3-14-89 ID 12 1/4" intermediate hole at 4320'.
3-15-89 RU and run 9 5/8"/47 & 43.5/C-95 & L-80/LTC, set at 4316'.
Cement with 1400 sx CLC, did not circulate. Temp. survey picked TOC at 1590'.
NU BOPs, Tested casing and BOPs to 1500 psi. OK

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

SIGNATURE

S. Johnson

TITLE

Administrative Specialist

DATE

3-21-89

TYPE OR PRINT NAME

Stephen Johnson

(915) 688-7548

TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

MAR 23 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 22 1989

OCD
HOBBS OFFICE