

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

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|---|
| WELL API NO. 3002502322 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-936 |
| 7. Lease Name or Unit Agreement Name NEW MEXICO BO STATE |
| 8. Well No. 5 |
| 9. Pool name or Wildcat VACUUM ABO REEF |

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| 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* (FORMC-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | |
| 2. Name of Operator EXXON CORPORATION | |
| 3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702 | |
| 4. Well Location Unit Letter G 2310 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 12 Township 18S Range 34E NMPM LEA County | |
| 10. Elevation (Snow whether DF, FKB, RT, GR, etc.) 3988DF | |

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: ☐

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.

11-5-91 MIRU
11-6-91 TOH W RODS AND PUMP INSTALL BOP.
11-7-91 CLEAN OUT WELLBORE TO 8941 ACIDIZE W/1000 GALS 15% HCL
11-7-91 PUMP 25 BBLs OF 15% HCL DOWN CASING FLUSH W 25 BBLs OF FRESH TIP IN HOLE WITH TBG, SET TAC W/SN AT 8900 NIPPLE DOWN BOP NIPPLE UP WELL HEAD. LEAVE WELL SHUT IN
12-6-91 RETURN WELL TO PRODUCTION

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

SIGNATURE Sharon B. Timlin TITLE Sr. staff office assistant DATE 01/24/92

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-7509 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNATURE

JAN 27 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: