

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A- 1320
7. Unit Agreement Name
8. Farm or Lease Name NEW MEXICO "A" STATE
9. Well No. 8
10. Field and Pool or Wildcat HOBBS (G-SA)
12. County LEA

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION
3. Address of Operator P.O. BOX 1600, MIDLAND, TEXAS 79701
4. Location of Well UNIT LETTER J 1650 FEET FROM THE EAST LINE AND 1980 FEET FROM THE SOUTH LINE, SECTION 25 TOWNSHIP 18-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3666 DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER **PERF. ADDITIONAL INTERVALS + ACIDIZE** ☒

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.

PULL RODS + PUMP. LOWER TBG + TAG BOTTOM. CLEAN OUT. PERF. FOLLOWING INTERVALS W/1 SHOT/2'. CORRELATE W/PGAC CR/AL LOG - COLLAR LOG ATTACHED. 4022-4036, 4041-4052.
RUN TBG. W/RETRIEVABLE BRIDGE PLUG + PKR. SET BRIDGE PLUG ON BOTTOM AND PKR. @ APPROX. 4058.
ACIDIZE OLD PERF. INTERVAL 4062-4098 W/4000 GALS OF GELLED 15% NE HCl.
RECOVER BRIDGE PLUG + SET @ 4058. RESET PKR. @ APPROX. 4010.
ACIDIZE NEW PERF. INTERVAL 4022-4055 W/4000 GALS. GELLED 15% NE HCl.
SWAB AND CLEAN UP. PULL BRIDGE PLUG AND PKR.
RETURN TO PRODUCTION

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

SIGNED *[Signature]* TITLE **UNIT HEAD** DATE **5-8-74**

APPROVED BY *[Signature]* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: