

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. 30-025-23878 |
| 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 "J" State |
| 8. Well No. 4 |
| 9. Pool name or Wildcat Vacuum Abo North |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3995 DF |

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.)

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|--|
| 1. Type of Well: 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, TX 79702 |
| 4. Well Location Unit Letter L : 2180 Feet From The South Line and 660 Feet From The West Line Section 19 Township 17S Range 35E NMPM Loc 2 County |

| | |
|---|---|
| 11. 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"/> | REMEDIAL WORK <input checked="" type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

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.

1-19-89 Install BOP and test.
1-20-89 Clean out to 8713' and perf. 8530' - 8692'.
1-21-89 Acidize w/ 15000 gal of 15% HCL. Swab.
1-22-89 SI
1-23-89 Swab
1-24 & 25 RIH w/ BHA. SN @ 8703'
1-26 thru 2-3 Test
2-4 thru 2-8 SI
2-9 thru 2-16 Test
2-17 thru 2-19 SI
2-20-89 Test
2-21-89 24 Hr Pump Test - 23 BO, 71 BW, 21 KCF

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

SIGNATURE Stephen Johnson TITLE Administrative Specialist DATE 2-24-89
TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 1 1989

RECEIVED

FEB 27 1989

OCD
NOBBS OFFICE