

101 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. Unknown
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-1355
7. Lease Name or Unit Agreement Name New Mexico EX State
8. Well No. 2
9. Pool name or Wildcat Shipp-Strawn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3770 GL

**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. 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 B : 330 Feet From The North Line and 1980 Feet From The East Line Section 9 Township 17S Range 37E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3770 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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.  
4-11-89 ACIDIZE w/ 1000 gal of 15% HCL, and 7000 gal of a 70% 15% HCL and 30% crude emulsion.  
4-14-89 thru 4-30 PWOP and test.  
4-30-89 24 hr pump test 250 BO, 0 BW, 274 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

5-19-89

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

MAY 22 1989

CONDITIONS OF APPROVAL, IF ANY: