

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 - 34732
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Exxon '22' State
8. Well No.	1
9. Pool name or Wildcat	Vacuum GB/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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	
2. Name of Operator Morexco, Inc.	
3. Address of Operator P.O. Box 481, Artesia, NM 88211-0481	
4. Well Location Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line Section 22 Township 17S South Range 34E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.

12/17/99 Perf. 4986-92, 4996-5005 2-spf, 34 holes. Acidized w/ 2000 gals of 15% NEFE Acid.

12/18-20/99 Swab tested 4986-5005 1 Bo 94 BW AVE for 3 days.

12/20/99 Set CIBP @ 4950 + 35' cement on top of plug. Perf. 4711-22.

12/21/99 Acidized 4711-22 w/2000 gal of 15% NEFE

12/27/99 Fraced 4711-22 Screened off w/3000# of sand on formation.

Plan to production test till after 1st of year and retreat of necessary.

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

SIGNATURE Donald G. Becker, Jr. TITLE President DATE 1/25/00

TYPE OR PRINT NAME Donald G. Becker, Jr. TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHIEF WILSON  
DISTRICT 1 SUPERVISOR

APPROVED BY DISTRICT 1 SUPERVISOR TITLE DISTRICT 1 SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 14 2000

Re