

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. <b>3002506809</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No. <b>FEE</b>	
7. Lease Name or Unit Agreement Name <b>F F HARDISON B</b>	
8. Well No. <b>6</b>	
9. Pool name or Wildcat <b>PADDOCK</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER	
2. Name of Operator <b>EXXON CORPORATION</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>	
4. Well Location Unit Letter <b>J</b> : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line Section <b>27</b> Township <b>21S</b> Range <b>37E</b> NMPM <b>LEA</b> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3399 GR, KB 3411</b>	

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: **ADD PERFS AND ACIDIZE** ☐

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.

**10/22/93 PERF 5198 TO 5213 16 SHOTS**  
**10/25/93 PERF 5221 TO 5258 38 SHOTS**  
**10/27/93 ACIDIZE W/ 5828 GALS 15% HCL**  
**10/27/93 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 11/12/93

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 24 1993

CONDITIONS OF APPROVAL, IF ANY: