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

OIL CONSERVATION DIVISION

P 0. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO.		
3002507011		

P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 8/504-2088		5. Indicate Type of Leas	se 🗆 🔽	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE STATE		
		6. State Oil & Gas Lease No.		
			an i i i i i i i i i i i i i i i i i i i	
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"		N		
		7. Lease Name or Unit Agreement Name		
(FORMC-	101) FOR SUCH PROPOSALS.)		F F HARDISON	В
1. Type of Well:			1	
OIL X GAS WELL WELL	OTHER		8. Well No.	
2. Name of Operator EXXON CORP	ORATION		412	
ATTN: PEGIL ATORY AFFAIRS		9. Pool name or Wildcat		
3. Address of Operator P. O. BOX MIDLAND, T	1600 X 79702		DRINKARD OIL	
4. Well Location				·
Unit Letter B _ : 660_ Feet Fro	om The NORTH Line and	1980 Feet F	From The EAS	ST Line
	_			A County
Section 34 Towns	ship 21S Range 3	DF, RKB, RT, GR, etc.)		
	GR - 3402'			
Check Ann	ropriate Box to Indicate N	Sature of Notice.	Report, or Othe	r Data
NOTICE OF INT			SEQUENT RE	
	L		` `	,
PERFORM REMEDIAL WORK X	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG & ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation	of Charlestote all partinent details and	vive pertinent dates, includi	ng estimated date of start	ting any proposed
work) SEE RULE 1103.				
ADD ADDITIONAL PERI	FS IN THE DRINKARD	FROM 6360 T	D 6440 AND	FRAC WITH
APPROXIMATELY 157,	000# SAND.			
	1			
I hereby certify that the information above is true	and complete to the best of my knowledge and	belief.		DATE 11/11/93
SIGNATURE CELL CHI	Means a TITL	SR. REGULATORY	SPECIALIST	DATE
TYPE OR PRINT NAME ALEX M.	CORREA	(9	15) 688-678	2 TELEPHONE NO.
(This space for State Use)				
ORIGINAL SI	GNED RY JERRY SEXTON			DANTV 22 1002
APPROVED BY		Е		DATE IV & Z 1999