Form C-103 Revised 1-1-89

FEE

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

CONDITIONS OF APPROVAL, IF ANY:

## OIL CONSERVATION DIVISION

P 0. Box 2088

Santa Fe, New Mexico 87504-2088

WELI	. A	PI l	NO.				
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5.	Indicate	Туре	of Lease	1	তা
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6. State Oil & Gas Lease No.

	B-935
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"  (FORMC-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name  EXXON AGGIE STATE
1. Type of Well: OIL GAS WELL WELL OTHER	
2. Name of Operator EXXON CORPORATION	8. Well No
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600	9. Pool name or Wildcat
MIDLAND, TX 79702  4. Well Location	EUMONT YATES 7 RVRS QN (PRO GAS)
Unit Letter N: 660 Feet From The SOUTH Line and 1650 Feet F	from The WEST Line
Section 31 Township 20S Range 37E NMP	M LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	Andrew Control
Check Appropriate Box to Indicate Nature of Notice, F	Report, or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILI	LING OPNS. PLUG & DEPLIES ABANDONMENT
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB
OTHER: OTHER: OTHER: ADD PER	RES AND FRAC
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	g estimated date of starting any proposed
01/10/95 RIH AND SET CIBP @ 3270' DUMPED 3.5 SX 01/11/95 SPOTTED 6 BBLS OF 15% HCL , PERF 3091 T RHSC,	
01/16/95 FRAC W/ 146000# 12/20 AND 37600 GALS FL	DID
01/17/95 RIH W/ CIBP SET @ 3040' 01/18/95 PERF 2747 TO 2984 2 SPF 3 1/8 " RHSC AC HCL	IDIZE W/ 7 BBLS OF 15%
01/19/95 FRAC W/ 164000# 12/20 SAND AND 40200 GA 01/24/95 CIRC SAND OUT TO CIBP @ 3040, CUT OVER	
CLEAN OUT TO 3235' 01/25/95 RIH W/ PROD PKR SET @ 2609'	
02/01/95 RETURN WEL TO PRODUCTION	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Sharon B. Jomlin TITLE Sr. Staff Office A	Assistant DATE 03/01/95
TYPE OR PRINT NAME Sharon B. Timlin (91	5) 688-6166 TELEPHONE NO.
(This space fo. State Use) ORIGINAL SIGNED BY	
GARY WINK FIELD REF. /	MAR 03 1995
APPROVED BY TITLE	DATE