

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. 3002528639
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B 935
7. Lease Name or Unit Agreement Name E GRAMA RIDGE STATE <i>Com</i>
8. Well No. 1
9. Pool name or Wildcat <i>E Grama Ridge Morrow</i> WILDCAT

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.)	
1. Type of Well: OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 11 Township 22S Range 34E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3540' GR	

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: **TA** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & 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.

TA WELL ACCORDING TO RULE 203, C, 1, B. TA STATUS IS REQUESTED FOR 5 YRS. DISTRICT WILL BE NOTIFIED 24 HRS. PRIOR TO WORK BEGINNING.

*Work not done on Plugback approved
12/14/93 per Alex.*

*SI status
encl.*

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

SIGNATURE *Alex M. Correa* TITLE **Sr. Regulatory Specialist** DATE **10/16/95**
TYPE OR PRINT NAME **Alex M. Correa** (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE **OCT 19 1995**

CONDITIONS OF APPROVAL, IF ANY:

