

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. unknown
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 New Mexico G State
8. Well No. 5
9. Pool name or Wildcat Eumont Y-SR-QN

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 <input type="checkbox"/>
2. Name of Operator Exxon Corporation
3. Address of Operator P.O. Box 1600, Midland, TX 79702
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3574 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>
OTHER: <input type="checkbox"/>
SUBSEQUENT REPORT OF:
REMEDIAL WORK <input checked="" type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
ALTERING CASING <input type="checkbox"/>
PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>

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.

5-16-89 Test BOPs to 1500 psi.
 5-18-89 Acidize existing perms w/ 10000 gal of 15% HCL.
 5-19 thru 23 Swab.
 5-24 thru 26 RIH w/ Pump, install pumping unit.
 5-27 thru 6-16 Pump test
 6-17-89 24 hr pump test 21 B0, 9 BW, 40 kcf

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

SIGNATURE Stephen Johnson TITLE Administrative Specialist DATE 7-19-89
 TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 24 1989