

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

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|---|
| WELL API NO. 3002504765 |
| 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. 9 |
| 9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS) |

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| 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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | |
| 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 G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 23 Township 21S Range 36E NMPM LEA County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

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: **UNSUCCESSFUL WORKOVER** ☐

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.

09/30/94 SET CIBP @ 3577' DUMP 3 SX CMT ON TOP OF PLUG
10/03/94 PERF 3213 TO 3446 133 SHOTS 3 1/8 RHSC
10/04/94 FRAC W/ 162000 # 12/20 SAND AND 40200 GALS FLUID
10/06/94 PERF 2948 TO 3152 92 SHOTS 3 1/8 RHSC
10/07/94 FRAC W/ 146000# 12/20 SAND AND 37600 GALS FLUID
12/20/94 WELL UNABLE TO PRODUCE RECOMPLETION UNSUCCESSFUL SHUT IN

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 01/24/95

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JAN 27 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: