

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

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. <b>3002504779</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-935</b>
7. Lease Name or Unit Agreement Name <b>NEW MEXICO G STATE</b>
8. Well No. <b>2</b>
9. Pool name or Wildcat <b>EUMONT YATES 7 RVRS ON (PRO GAS)</b>

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 <b>EXXON CORPORATION</b>
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702</b>
4. Well Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line Section <b>26</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> 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: **ACIDIZE** ☒

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.

12/06/95 MIRU HALLIBURTON CTU, DOWNJET WASH PERFS, TO 3410; WITH  
NITRIFIED 2% KCL AND SSO-21 (1GPT) SIDED JET WASH PERF  
INTERVAL FORM 3092-3372 WITH SAME SOLUTION, CLOSE ANNULUS  
INJECT 15% HCL ACID WHILE WASHING THROUGH PERF. INTERVAL  
DISPLACE ACID WITH 2% KCL SOLUTION. RIGH DOWN HALLIBUTON  
12/09/95 RETURN WELL TO PRODUCTION

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 12/13/95

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT ATTORNEY TITLE DATE **DEC 18 1995**

CONDITIONS OF APPROVAL, IF ANY: