

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO. 3002504781
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 15777
8. Well No. 4
9. Pool name or Wildcat 76480 EUMONT YATES 7 RVRS QN (PRO GAS)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3542' GR

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 type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER
2. Name of Operator EXXON CORPORATION 6-355
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 26 Township 21S Range 36E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3542' 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: **INC. PRORATION UNIT, SIMO. DED** ☒

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.

ADMINISTRATIVE APPROVAL WILL BE REQUESTED FOR:

- 600 AC. NON-STANDARD GAS PRORATION UNIT IN THE EUMONT YATES 7 RVRS QN (PRO GAS) POOL.
- SIMULTANEOUS DEDICATION OF WELLS # 2, 4, 6, 10, 11 AND 16.

OFFSET OPERATORS HAVE BEEN NOTIFIED.

C-102 IS ATTACHED.

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 06/01/94

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL FILED IN 15777
REGISTRY DIVISION

SEP 16 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: