

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.
3002504785

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-935

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.)

Type of Well:
OIL ☐ GAS ☒ OTHER ☐

Name of Operator
EXXON CORPORATION

Address of Operator
**ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702**

7. Lease Name or Unit Agreement Name
NEW MEXICO G STATE

8. Well No.
10

9. Pool name or Wildcat
EUNONT YATES 7 RVRS QN (PRO GAS)

Well Location
Unit Letter **L** : **1980** Feet From The **SOUTH** Line and **660** Feet From The **WEST** Line

Section **26** Township **21S** Range **36E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3545 DF

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
EMPORARILY ABANDON ☐ CHANGE PLANS ☐
ULL OR ALTER CASING ☐
THER: **INC. PRORATION UNIT, SIMO. DED** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

2. 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.

ADMINISTATIVE APPROVAL WILL BE REQUESTED FOR:

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

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)

SEP 16 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: