

Submit 3 Copies
to Appropriate
District Office

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.
3002504791

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.)

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

Type of Well:
OIL ☐ GAS ☒ OTHER

8. Well No.
16

Name of Operator
EXXON CORPORATION

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

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

Well Location
Unit Letter **C** : **660** Feet From The **NORTH** Line and **1980** Feet From The **WEST** Line
Section **26** Township **21S** Range **36E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3566' DF

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
NULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: INC. PRORATION UNIT, SIMO. DED. <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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.
- UNORTHODOX LOCATION.

OFFSET OPERATORS HAVE BEEN NOTIFIED.
C-102 IS ATTACHED.

NSP-1701 (SD) (L)

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 16 1994

OIL CONSERVATION DIVISION

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section.

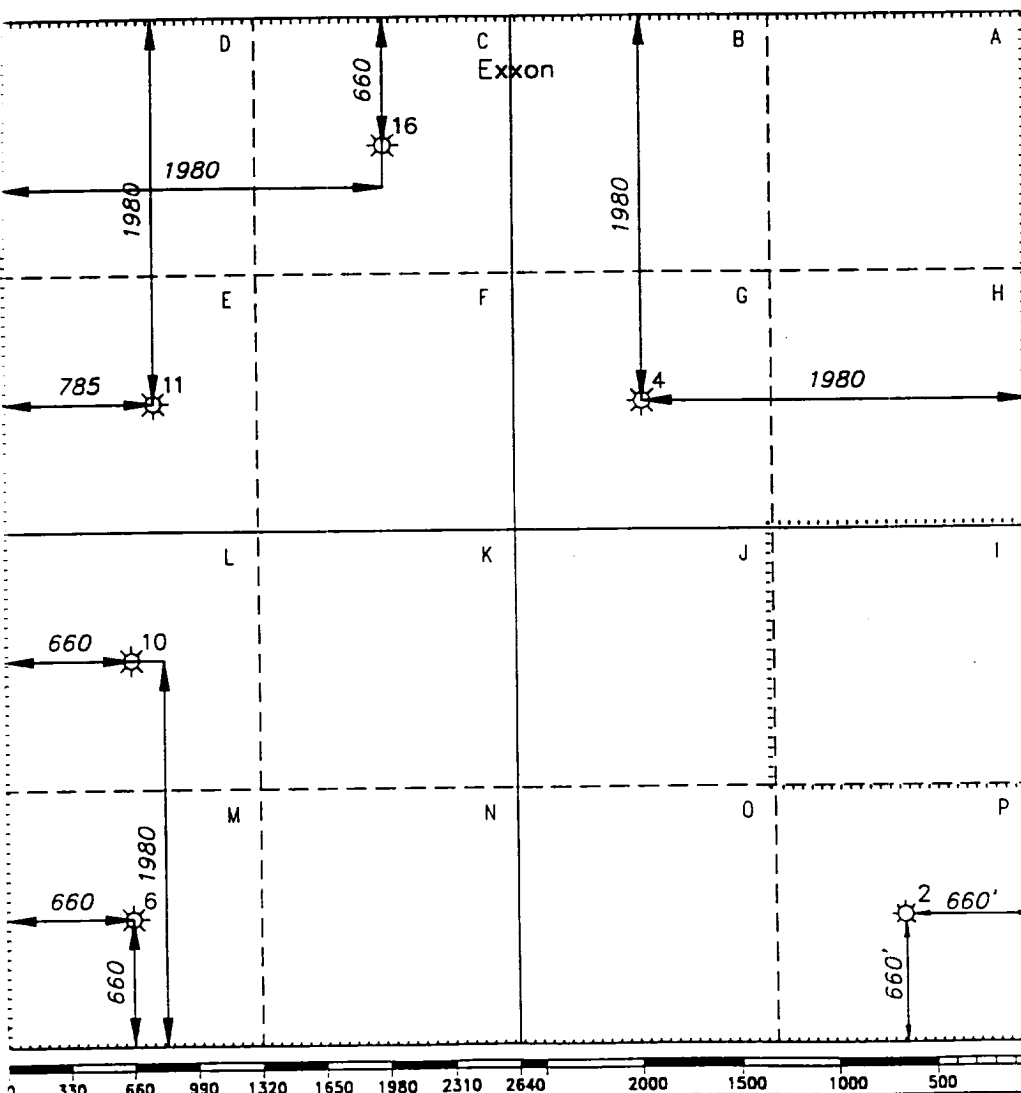
1980, Hobbs, NM 88240

TRACT II
Drawer DD, Artesia, NM 88210

TRACT III
10 Rio Brazos Rd., Aztec, NM 87410

Operator Exxon Corporation		Lease NEW MEXICO "G" STATE		Well No. 16
Tract Letter C	Section 26	Township 21-S	Range 36-E NMPM	County LEA
Actual Footage Location of Well: 660 feet from the NORTH line and 1980 feet from the WEST line.				
Ground level Elev. 3566 DF	Producing Formation YATES, 7 RVRS, QUEEN		Pool EUMONT YATES 7 RVRS QN (PRO GAS)	Dedicated Acreage: 600 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes", type of consolidation _____
If answer is "no", list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature C.H. Harper
Printed Name C.H. HARPER
Position PERMITS SUPERVISOR
Company Exxon Corporation
P.O. Box 1600-Midland, Tx.-79702
Date 6/2/94

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from notes of actual surveys made by me under my supervision, and that this is true and correct to the best of my knowledge and belief.

Date Surveyed 4-23-58
Signature & Seal of Professional Surveyor _____
Certificate No. _____