

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. 3002504822
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 B STATE
8. Well No. 6
9. Pool name or Wildcat EUMONT YATES 7 RIVERS QUEEN

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 29 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3632 DF	

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: **ADD PERFS. & FRAC** ☒

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.

A SUNDRY NOTICE OF INTENT TO P&A WAS FILED 5-12-92 (APPROVED 5-28-92) BUT THIS WELL WAS NEVER PLUGGED. AUTHORITY IS REQUESTED TO PERF. THE QUEEN 3710' - 3752', PERF. THE SEVEN RIVERS 3418' - 3686', PERF. THE YATES 3190' - 3390', FRAC. APPROX. 79000 GAL. + 307000 # SD. WELL IS PRESENTLY IN THE EUMONT;YATES-SEVEN RIVERS-QUEEN (OIL) POOL AND WILL REMAIN IN THAT POOL.

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 03/07/94

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

(This space for State Use)

APPROVED BY _____ TITLE DISTRICT I SUPERVISOR DATE MAR 15 1994

CONDITIONS OF APPROVAL, IF ANY: