Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, nerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION

DISTRICT II		Box 2088	300250482	22			
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	Santa Fe, New	Mexico 87504-2088	5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Leas B 935	STATE X FEE See No.	_		
SUNDRY NOTIC							
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO (FORMC-10	7. Lease Name or Unit Agreement Name NEW MEXICO B STATE						
I. Type of Well: OIL	OTHER						
2. Name of Operator EXXON CORPO	DRATION		8. Well No.		_		
3. Address of Operator ATTN: REGUL P. O. BOX J MIDLAND, TX	ATORY AFFAIR 1600 79702	RS	9. Pool name or Wildcat EUMONT YATES 7 RIVERS QUEEN				
4. Well Location			1 EGRATITATES	/ RIVERS QUEEN	٦		
Unit Letter 0 : 660 Feet From	The SOUTH L	ine and 1980 Feet I	From The EAS	ST Lin	ıe		
Section 29 Townshi		Range 36E NMP	M LEA	County			
Maria de la companya de la companya La companya de la co	10. Elevation (Sho 3632 D	w whether DF, RKB, RT, GR, etc.)		-17 4	100		
Check Appro	opriate Box to Ind	licate Nature of Notice, I	Report, or Other	r Data			
NOTICE OF INTE	NTION TO:	SUB	SEQUENT RE	PORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON REMEDIAL WORK		ALTERING CASING	٦		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING ORNE	PLUG & ABANDONMENT	_ 7		
	CHANGE I LANS			ABANDONMENT	_		
PULL OR ALTER CASING L.	CEMENT JOB	F	_				
OTHER:		_ U OTHER:			۷		
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent d	letails, and give pertinent dates, includin	g estimated date of startin	ng any proposed	_		
SPOT 20 SX PLUG FROM AT 1650', SQUEEZE WI (1775-1600). CUT CS SURFACE.	TH 35 SX CEM GG AT 350'.	PUMP 275 SX CEMEN	SET CEMENT I TOP OF RET IT FROM 350'	TAINER			
SEE ATTACHED WELLBOR	E SKETCH.	THE COMMISSION MID NO THE FAICH TO THE PENDENTS CHARACTERS TO BE APPROVED.	ST RE NOTHING CHANGE CH	7. 6 v			
I hereby certify that the information above is true and	complete to the best of my know	wledge and belief.			_		
SIGNATURE Surfy Page	roll	TITLE Sr Staff Office	Assistant	DATE 05/12/92	_		
TYPE OR PRINT NAME Judy Bagwe	11	(91	5) 688-7546	TELEPHONE NO.	_		
(This space for State Use)					-		
ORIGINAL REMARKS				****			
APPROVED BY GOATER CT / SUPE	RVISOR	TITLE		DATE MAY 28'92			

HETERAL

WEL BORE SKETCH AND WELL HISTORY

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