

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. 3002504823
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 EUMONT GAS COM 2
8. Well No. 1
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)

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"/> WELL GAS <input checked="" type="checkbox"/> WELL OTHER	
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 I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 29 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3637 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: EXPAND 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.

AUTHORIZATION IS REQUESTED TO EXPAND THE PRESENT NON-STANDARD GAS PRORATION UNIT IN THE EUMONT YATES 7 RVRS QN (PRO GAS) POOL FROM 160 ACS TO 200 ACS. THE NEW 200 AC PRORATION UNIT WILL BE UNIT LETTERS I, J, K, L AND N. THIS EXPANSION WILL INCLUDED THE 40 ACS. ASSIGNED TO THE NM B ST #10 THAT IS NOW A GAS WELL AFTER PERFS. WERE ADDED. APPROVAL FOR THE EXISTING 160 AC. NON-STANDARD GAS PRORATION UNIT WAS GRANTED BY ADM. ORDER NSP-1688. CONVERTING THE NM B ST. #10 TO A GAS WELL WILL REQUIRE THE NAME TO BE CHANGED TO THE EUMONT GAS COM 2 WELL #3.

ADMINISTRATIVE APPROVAL IS ALSO BEING REQUESTED FOR SIMULTANEOUS DECICATION OF WELL #'S 1, 2 AND 3.
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 04/26/94
TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE Paul Kattz DATE _____
Geologist

CONDITIONS OF APPROVAL, IF ANY:

Orig. Signed by
Paul Kattz
Geologist

JUN 27 1994

RECEIVED

APR 21 1994

OFFICE

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WELL LOCATION AND ACREAGE DEDICATION PLAT

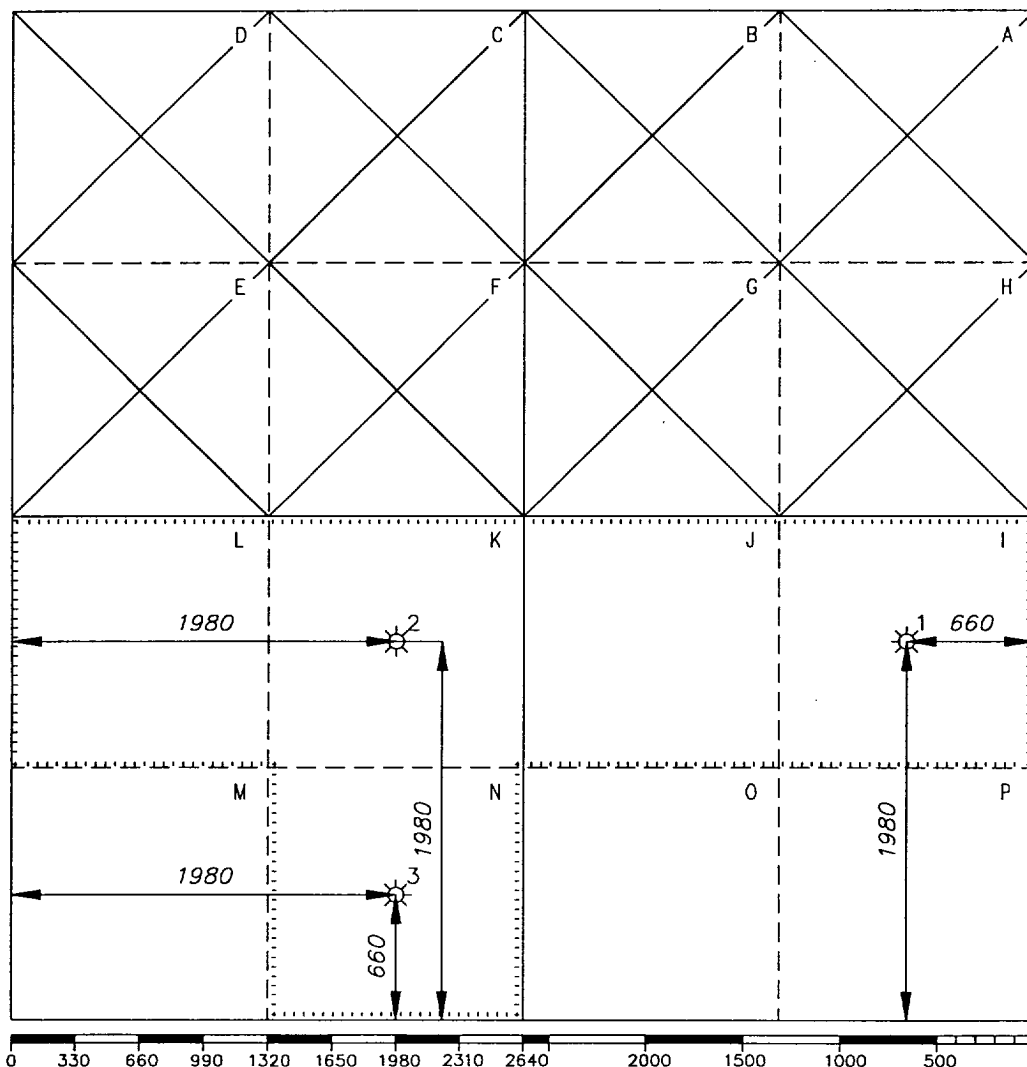
All distances must be from the outer boundaries of the Section.

Operator Exxon Corporation			Lease EUMONT GAS COM 2		Well No. 1
Unit Letter I	Section 29	Township 21	Range 36	NMPM	County LEA
Actual Footage Location of Well: 1980 feet from the SOUTH line and 660 feet from the EAST line.					
Ground level Elev. 3637 DF		Producing Formation YATES 7 RIVERS QN		Pool EUMONT YATES 7 RVRS QN (PRO GAS)	
				Dedicated Acreage: 200 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
4/26/94

SURVEYOR CERTIFICATION

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

Date Surveyed
12/9/35
Signature & Seal of
Professional Surveyor

Certificate No.

RECEIVED

APR 29 1994

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OFFICE**