

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos R.L. Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 3002504826
5. Indicate Type of Lease STATE ☒ LEASE ☐
6. State O/L & Gas Lease No. B 935
7. Lease Name or Unit Agreement Name EUMONT GAS COM 2
8. Well No. 3
9. Pool Name or Wadcat 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" (FORM C-101) FOR SUCH PROPOSALS.)	
Type of Well: Oil ☐ GAS ☒ OTHER	
1. Name of Operator EXXON CORPORATION	
2. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	
3. Well Location: Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 29 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether D.L., R.A.B., R.L., G.R., etc.) 3620	

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.

ADMINISTRATIVE APPROVAL IS BEING REQUESTED TO:

- EXPAND PRESENT 200 AC. NON-STANDARD GAS SPACING AND PRORATION UNIT (NSP-1688-A(SD)(L) APPROVED JUNE 14, 1994) TO A 320 AC. (S2 SEC. 29) NON-STANDARD GAS SPACING AND PRORATION UNIT IN THE EUMONT YATES 7 RVRS QN (PRO GAS) POOL.
- SIMULTANEOUSLY DEDICATE WELLS 1, 2 (WAS NM B ST. #9), 3 (WAS NM D ST. #10), 4 (WAS NM B ST. #8), 5 (WAS NM B ST. #11) AND 6 (WAS NM B ST. #6).

C-102 IS ATTACHED. OFFSET OPERATORS HAVE BEEN NOTIFIED AND C-102'S AND C-103'S FOR #'S 1, 2, 4, 5 AND 6 HAVE ALSO BEEN DONE.

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 07/18/94

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

(Provide space for State User)

APPROVED BY _____ TITLE _____ DATE 8/1/94

CONDITIONS OF APPROVAL, IF ANY: