

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.  
**3002504826**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**B 935**

7. Lease Name or Unit Agreement Name

**NEW MEXICO B STATE**

8. Well No.  
**10**

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 <b>EXXON CORPORATION</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>	
4. Well Location Unit Letter <b>N</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line Section <b>29</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3620 GR</b>	

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: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **ADD PERFS AND FRAC** ☐

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.

**01/10/94 SET CIBP @ 3797 PER 3628 TO 3738 73 SHOTS**  
**01/11/04 FRAC W/145000# 12/20 SAND AND 36800 GALS FLUID**

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

SIGNATURE Sharon B Timlin TITLE Sr. Staff Office Assistant DATE 01/18/94

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 21 1994

CONDITIONS OF APPROVAL, IF ANY: