State of New Mexico
Energy, Minerals and Natural Resources Department

Submit to Appropriate District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells) 3002506462

5. Indicate Type of Lease STATE [X] FEE [ ]

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

1b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER [ ] SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: NEW MEXICO FO STATE COM

2. Name of Operator: EXXON CORPORATION

8. Well No. 1

3. Address of Operator: ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702

9. Pool name or Wildcat: UNDESIGNATED HARE-SAN ANDRES GAS POOL

4. Well Location
Unit Letter O : 990' Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 10 Township 21S Range 37E NMPM LEA County

10. Proposed Depth 6312'

11. Formation SAN ANDRES

12. Rotary or C.T. ROTARY

13. Elevations (Show whether DF,RT,GR,etc.) 3460' DF

14. Kind & Status Plug. Bond BLANKET

15. Drilling Contractor UNKNOWN

16. Approx. Date Work will start ASAP

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	13 3/8	48	350	350	SURF.
11"	8 5/8"	24	3200	1500	SURF.
7 5/8"	5 1/2"	14, 15.5	6311	425	1655'

WELL IS ON THE GAS PRORATION SCH. AS THE EXXON TUBB GAS COM #1. NEW WELL NAME IS NEW MEXICO FO STATE COM #1.
- REMOVE CIBP AT 5500'
- SET CIBP AT 6060' W/ 35' CMT. MIN.
- SET CIBP AT 5500' W/ 35' CMT. MIN.
- PERF. SAN ANDRES. APPROX. 4022'-4175', AC. APPROX. 5200 GAL.
- RETURN WELL TO PRODN.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 09/18/95

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

(This space for State Use)

APPROVED BY [signature] TITLE DISTRICT I SUPERVISOR DATE SEP 19 1995

CONDITIONS OF APPROVAL, IF ANY: