

Submit to Appropriate
District Office
State Lease—4 copies
Fee Lease—3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

FEB 28

WPA Permit

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

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

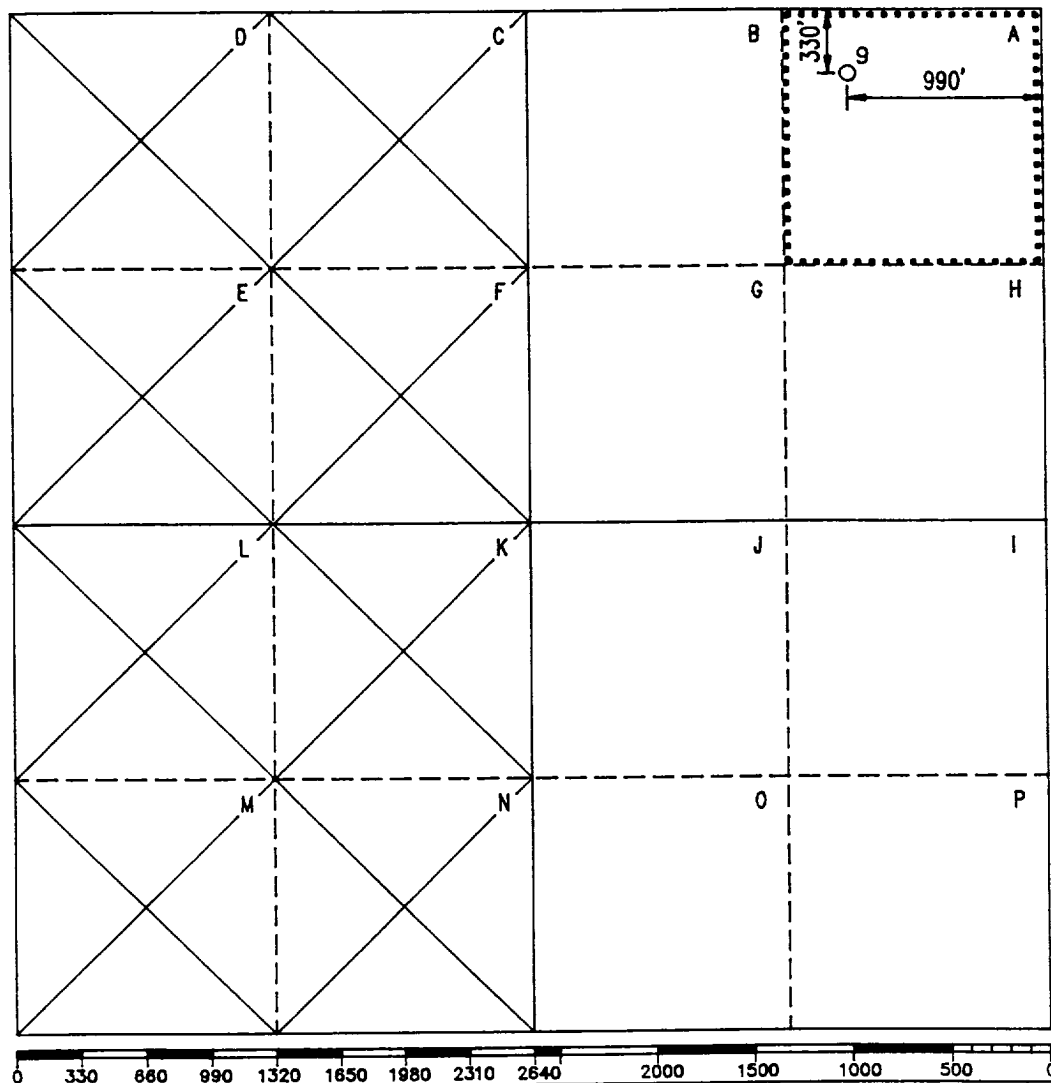
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

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

Operator Exxon Corporation			Lease JOHN D. KNOX		Well No. 9
Unit Letter A	Section 10	Township 21S	Range 36E	County NMPM	LEA
Actual Footage Location of Well: 330 feet from the NORTH line and 990 feet from the EAST line.					
Ground level Elev. 3751 DF	Producing Formation GLORIETTA	Pool OIL CENTER-GLORIETTA		Dedicated Acreage: 40 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
Charlotte H. Harper
Printed Name
CHARLOTTE H. HARPER
Position
PERMITS SUPERVISOR
Company
Exxon Corporation
P.O. Box 1600—Midland, Tx.—79702
Date
3-1-91

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
9/09/63

Signature & Seal of
Professional Surveyor

Certificate No.

6.6 Miles NW of EUNICE, New Mexico.

C.E. File No. A-7185-B

WMD PLAT DATE

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
3. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Exxon Corporation	8. Farm or Lease Name John D. Knox
3. Address of Operator P. O. Box 1600, Midland, TX 79702	9. Well No. 9
4. Location of Well UNIT LETTER <u>A</u> <u>330</u> FEET FROM THE <u>N</u> LINE AND <u>990</u> FEET FROM THE <u>E</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat Oil Center Blinberry
15. Elevation (Show whether DF, RT, GR, etc.) 3571 DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

1. Pulled all production equipment.
2. Cleaned out to TD.
3. Acidize perf 5834-6059' w/4000 gal inhibited 15% NE HCL acid.
4. Pulled treating equipment and place on pump.
5. Tested well 4-15-80, 24 hr test prod. 30 BO, 10 BW, GOR 4500.

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

SIGNED Harvin Ocho TITLE Unit Head DATE 4-16-80

APPROVED BY Orig. Signed by Jerry Sexton TITLE DATE 4, Sunday DATE APR 17 1980
CONDITIONS OF APPROVAL, IF ANY: