

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised March 25, 1999

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
DISTRICT II  
811 South First, Artesia NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
DISTRICT IV  
2040 South Pacheco, Santa Fe, NM 87505

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

WELL API NO. 30-025-20306
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. Lease Name or Unit Agreement Name John D Knox
2. Name of Operator Exxon Corp.	8. Well No. 11
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	9. Pool name or Wildcat Eumont; Yates 7 RVRS On (Oil) @4185
4. Well Location Unit Letter I : 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line Section 10 Township 21S Range 36E NMPH Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3597 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: RENEW TEMPORARY ABANDON STATUS <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

A FIVE-YEAR EXTENSION IS REQUESTED TO OUR CURRENT TA STATUS FOR THIS WELL. THIS WELL IS A CANDIDATE FOR A RECOMPLETION, AS A PRODUCER, TO ANOTHER POOL.

2-15-2-005

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

SIGNATURE	TITLE Senior Regulatory Specialist	DATE 12/27/1999
TYPE OR PRINT NAME James R. Ward	TELEPHONE NO. (713) 431-1024	

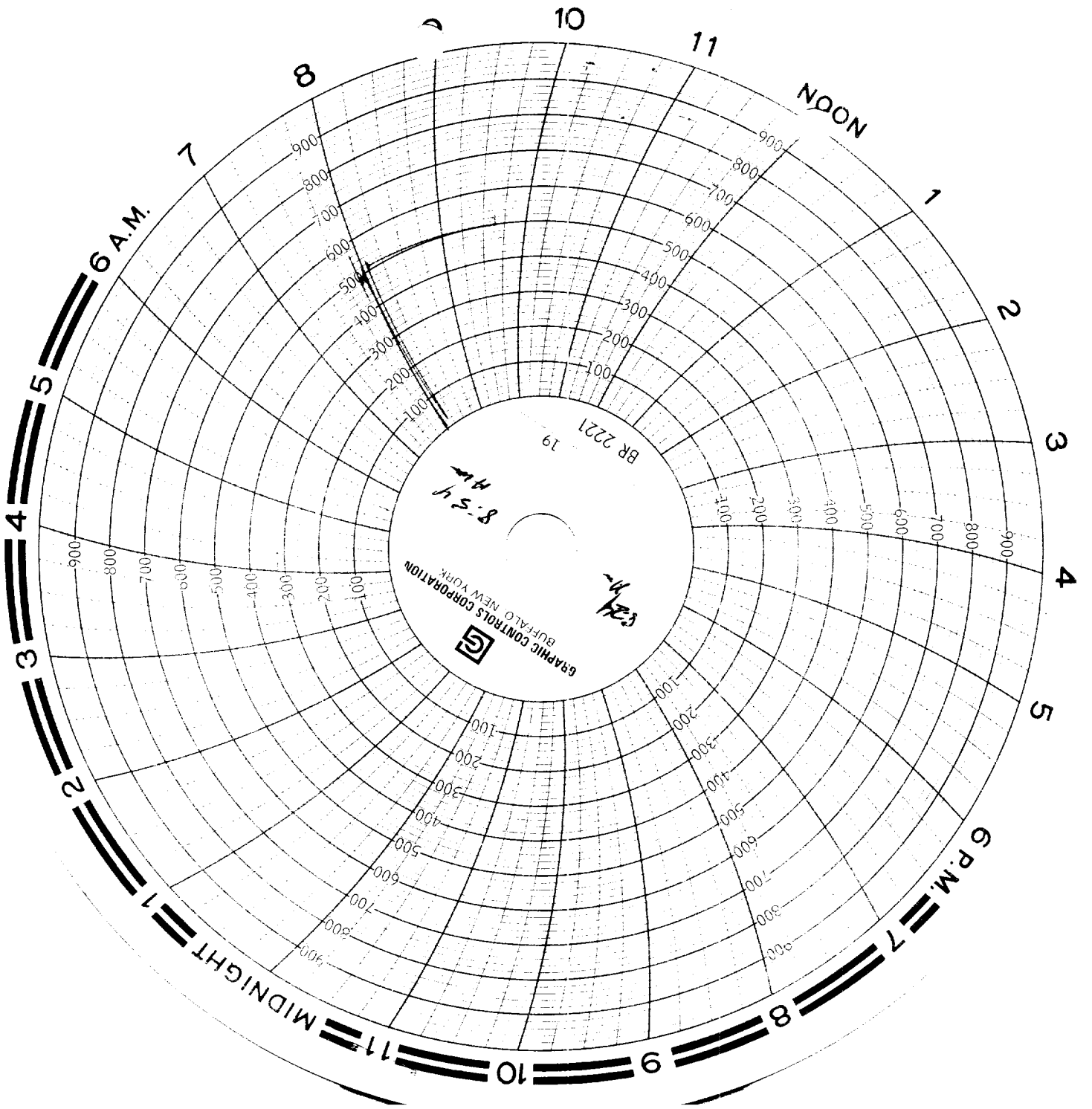
This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

JCG







Key  
Robert Anderson  
Unit 4 717  
1-3-2000  
Box Mobil garage  
2807  
11 Knox

**Houston Production Organization**  
**Injection/Disposal Well**  
**Test Results**  
**Seminole / Denver City**  
**New Mexico Areas**

(Please Print)

- 1) Well Name and #: J. D. Knox #11
- 2) Date Of Test: 1-3-2000

- 3) a. Test Witnessed by: TRRC, NMOCD &/or B.L.M. (please circle one or more as necessary) YES NO (please circle one)

b. If Yes, Name Of Representatives: \_\_\_\_\_

- 4) Test Pressure (psig): 515

TIME	TUBING	PRODUCTION CASING	INTERMEDIATE CASING	SURFACE CASING
Initial		515		
15 Minutes		510		
30 Minutes		500		

- 5) Packer Setting Depth: CIBP 5745'

- 6) Injection Interval AFTER Workover (if Changed): From: \_\_\_\_\_ To: \_\_\_\_\_

- 7) Reason For Test: A. After Workover  
B. First Test Prior To Injection (i.e., conversion, drillwell)  
C. Annual Permit Required  
(please circle one letter) D. 5 Year Test Required  
E. Other \_\_\_\_\_

- 8) Well Status: Active Shut-In T/A'd  
(please circle one)

- 9) Comments: \_\_\_\_\_

- 10) Name Of Person Conducting Test: Eloy Gonzalez  
(print name)

Original Signature on Chart  
(signature of person conducting test)

Attach ORIGINAL PRESSURE RECORDING CHART (with Exxon's Field Representative's Signature) to this sheet. Please return this sheet within one (1) week after the test is completed to:

**MARY DOW**  
Permitting Group, Houston Production Organization  
P.O. Box 4358; Houston, Texas 77210-4258  
(713) 431-1232

