

**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 ☐ FEE ☒

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 ☒ Gas Well ☐ Other

2. Name of Operator  
**Exxon Corp.**

3. Address of Operator **P.O. Box 4358**  
**Houston TX 77210-4358**

7. Lease Name or Unit Agreement Name  
**John D Knox**

8. Well No.  
**11**

9. Pool name or Wildcat **Oil Center Blk**  
**Eumont, Yates-7 RVRS Qn (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:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: **RENEW TEMPORARY ABANDON STATUS** ☒

**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. (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.**

**OK - BUT NEED TO RETEST - 500# F/30 MIN**  
**TURN ORIGINAL CHART INTO O.C.D.**  
**NEED 24 HR. NOTICE BEFORE TEST SO**  
**WE CAN WITNESS.**

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

SIGNATURE *James R. Ward* 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)

ORIGINAL FILED BY  
CALY MARK  
FIELD REP. II

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

CONDITIONS OF APPROVAL IF ANY:

