State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P 0. Box 2088 3002520706 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. FEE SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT' (FORMC-101) FOR SUCH PROPOSALS.) JOHN D KNOX 1. Type of Well: OTHER OIL U 8 Well No. 2. Name of Operator 12 **EXXON CORPORATION** ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702 9. Pool name or Wildcat 3. Address of Operator EUMONT YATES 7 RVRS QN (PRO GAS) 4. Well Location EAST Unit Letter 0 : 900 Feet From The SOUTH Line and 1652 _ Feet From The _ Line Range 36E NMPM Township 21S 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3583 DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG & ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: PB TO YATES, 7 RVRS 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. SET CIBP @ 5838 DUMP BAIL 3.5 SX CMT TOP OF CIBP (35") 10/25/95 MIRU. PERF 3210-3306 1 SPF RHCS 3-1/8" GUN SPOT W/ACID 6 BBL 15%HCL 10/28/95 FRAC 3210-3306 W/18000 GAL+62500# 12/20 SD; PERF 3040-3134 W/ 10/30/95 2 SPF RHSC 3-1/8" GUN SPOT W/ACID 20 BBL 15% HCL FRAC 3040-3134 W/20500 GAL+77000# 12/20 SD; PERF 2778-2979 W/ 11/01/95 1 SPF W/RHSC 3-1/8" GUN 2778-2979 SPOT ACID 5 BBL 15% HCL; FRAC W/40200 GAL+138295# 11/02/95 12/20 SD RIH W/PROD EQUIPMENT 11/08/95 WELL READY TO TEST 11/12/95 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Staff Office Assistant (915) 688-7888 TELEPHONE NO. Julie H. Mitchell

TITLE . APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL STONES BY JERRY SEXTON

DISTRICT | SUPERVISOR

TYPE OR PRINT NAME

(This space for State Use)

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