

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.
30-025-09954

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-934

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)

7. Lease Name or Unit Agreement Name
New Mexico S State

1. Type of Well:
Oil ☐ Gas ☐ **SALT WATER**
Well ☐ Other **DISPOSAL**

2. Name of Operator
Exxon Corp.

8. Well No.
104

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

9. Pool name or Wildcat
SWD; San Andres

4. Well Location
Unit Letter **O** : **660** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line
Section **2** Township **22S** Range **37E** NMPH **Lea** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **INJECTION** ☒

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)

10/08/99 RAN IN HOLE WITH 5 1/2" LOK-SET PACKER

10/08/99 RAN IN HOLE WITH 115 JTS. OF 2 3/8 PLASTIC COATED TUBING

10/08/99 SET PACKER AT 3595'

**10/20/99 TUBING VAC, CASING 0 PSI, SURF. CASING 0 PSI WELL TAKING ALL 'S' LSE PRODUCED WTR ON VAC.
@ 185 BWPd RATE W/VLVS PINCHED.**

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

SIGNATURE Mary L. Dow TITLE **Senior Staff Office Assistant** DATE **11/24/1999**

TYPE OR PRINT NAME **Mary L. Dow** TELEPHONE NO. **(713) 431-1232**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

