

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

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

8. Well No.
104

9. Pool name or Wildcat
SWD; San Andres

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 ☒ **SALT WATER DISPOSAL**

2. Name of Operator
Exxon Corp.

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

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: **MECHANICAL INTEGRITY TEST** ☒

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)

10/11/99 DATE OF MIT

10/11/99 TEST PRESSURE 380

	CASING	SURFACE CASING	TUBING
10/11/99 INITIAL	380	0	VAC
15 MIN.	380	0	VAC
30 MIN.	380	0	VAC

10/11/99 PACKER SETTING DEPTH 3595'

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:

SC