

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

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

WELL API NO.

**3002509954**

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"  
(FORMC-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

**NEW MEXICO S STATE**

1. Type of Well:

OIL ☐  
WELL

GAS ☐  
WELL

OTHER **SALT WATER DISPOSAL**

2. Name of Operator

**EXXON CORPORATION**

3. Address of Operator

**ATTN: REGULATORY AFFAIRS ML#14  
P. O. BOX 1600  
MIDLAND, TX 79702**

8. Well No.

**104**

9. Pool name or Wildcat

**EUNICE SAN ANDRES SO.**

4. Well Location

Unit Letter **0** : **660** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line

Section **2** Township **22S** Range **37E** NMPM **LEA** County

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

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 ☐

OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG &  
ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **ACIDIZE** ☐

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.

**03/19/97 MIRU**

**03/24/97 TAG FILL CLEAN OUT TO 4754' SET PLUG AND TEST CSG. TESTED GOOD**

**03/25/97 ACIDIZE W/ 1200 GALS OF 15% HCL, WAIT ON ACID 1 HR.**

**03/26/97 RIH W/ TBG AND PACKER SET PACKER @ 3000'**

**03/27/97 LOAD AND TEST CSG TO 600 PSI HELD OK,**

**03/31/97 RETURN WELL TO DISPOSAL**

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

SIGNATURE

*Sharon B. Timlin*

TITLE **Sr. Staff Office Assistant**

DATE **04/15/97**

TYPE OR PRINT NAME **Sharon B. Timlin**

**(915) 688-6166** TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

**CARY WALK  
FIELD REP. II**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: