

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 EUNICE SAN ANDRES SO.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ **X 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

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** 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: **AFTER WORKOVER** ☒

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.

WELL WAS SHUT-IN DUE TO PRESSURE; STATE WAS NOTIFIED OF STATUS ON 11/18/96. A MECHANICAL INTEGRITY TEST WAS PERFORMED ON 11/22/96 TO CONFIRM THE REPAIR. THE ORIGINAL CHART IS ATTACHED.

DEC 11 0 32 AM '96

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

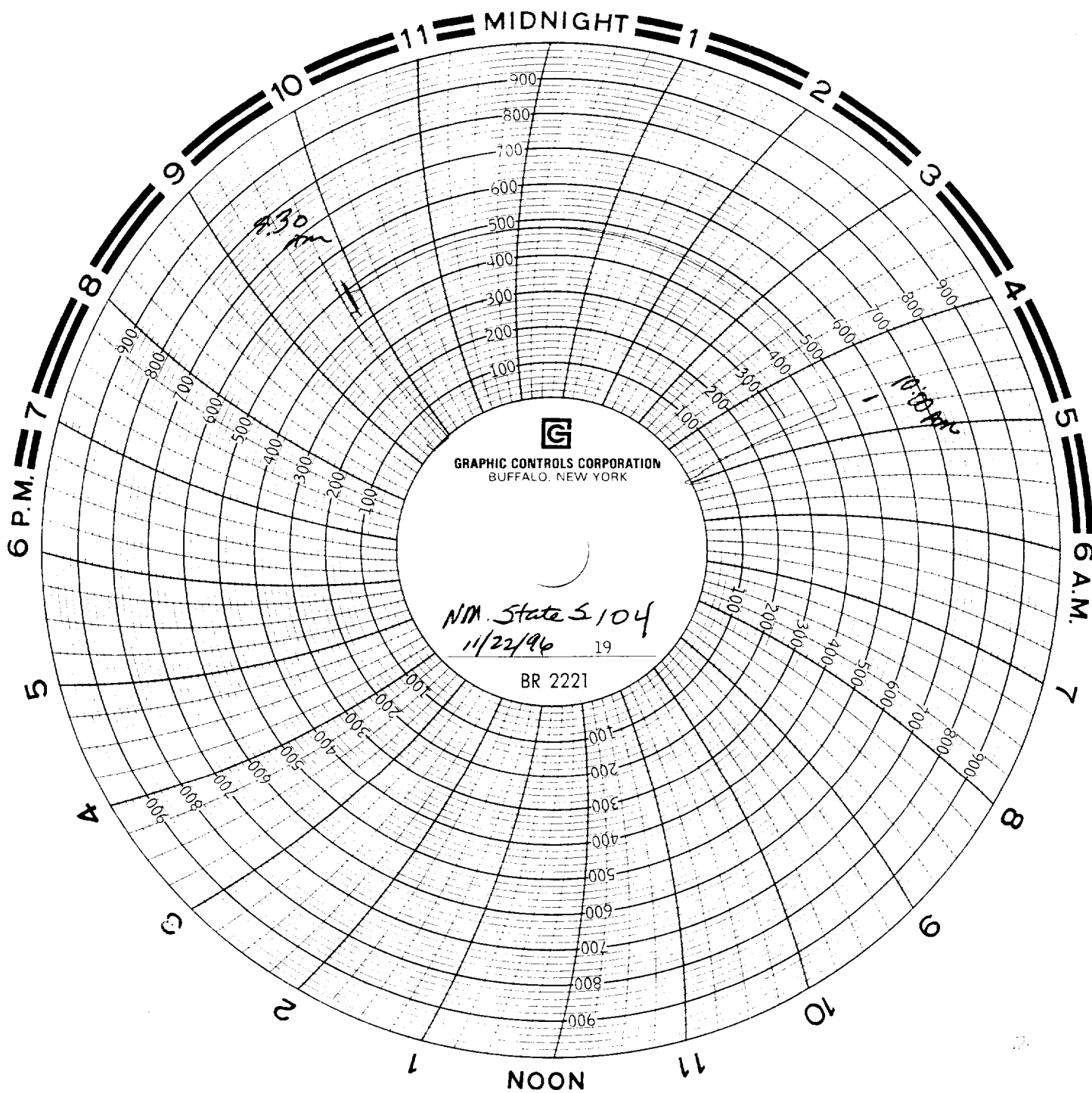
SIGNATURE Karen Yarbrough TITLE Sr Staff Office Assistant DATE 12/09/96

TYPE OR PRINT NAME Karen Yarbrough (915) 688-7871 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



C / ADARRA / SER.
AM 9:30 - AM 10:00

Arthur Lutz #33

Side Rig #1510

Yves R. Boer