

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1950, 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.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 0 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: **ADD PERFS AND 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.

04/28/95 CLEAN OUT TO 4736'
05/01/95 PERF 3708' TO 7355', 3771' TO 3792', 3803' TO 3818', 4275' TO 4423' AND 4562' TO 4717' 391 SHOTS
05/02/05 ACIDIZE W/ 6678 GALS 15% HCL
05/03/95 RIH W/ TBG AND PACKER SET PACKER @ 3614' AND TESTED HELD OK RETURN WELL TO INJECTION

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 05/10/95

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use) **OFFICIAL RECORD BY JERRY SEXTON**
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: