

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.<br><b>3002509954</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>B-934</b>  |
| 7. Lease Name or Unit Agreement Name<br><b>NEW MEXICO S STATE</b>                                   |
| 8. Well No.<br><b>104</b>   |
| 9. Pool name or Wildcat<br><b>EUNICE SAN ANDRES SO.</b>   |

**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 **0** : **1980** Feet From The **EAST** Line and **660** Feet From The **S** 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: **REPAIR CASING LEAK** ☒

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.

**A MECHANICAL INTEGRITY TEST WAS PERFORMED ON 12/15/94 TO CONFIRM THE CASING REPAIR. THE ORIGINAL CHART IS ATTACHED.**

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

SIGNATURE Selena Nunez TITLE Sr. Office Assistant DATE 01/05/95

TYPE OR PRINT NAME Selena Q. Nunez (915) 688-7899 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**JAN 10 1995**

