

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 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.	

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"/> XOTHER SALT WATER DISPOSAL	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter O : 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: **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.

THIS WELL WAS CONVERTED TO A SALT WATER DISPOSAL WELL 6/10/92. THE WELL WAS COMPLETED IN THE EUNICE SAN ANDRES SO. ZONE AS WAS STATED IN THE INTENT DATED 5-22-92. A BAKER LOK-SET PACKER WAS SET AT 3838'. A MECHANICAL INTEGRITY TEST PRIOR TO INJECTION WAS RUN 6-5-92. THE ORIGINAL CHART IS ATTACHED.

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

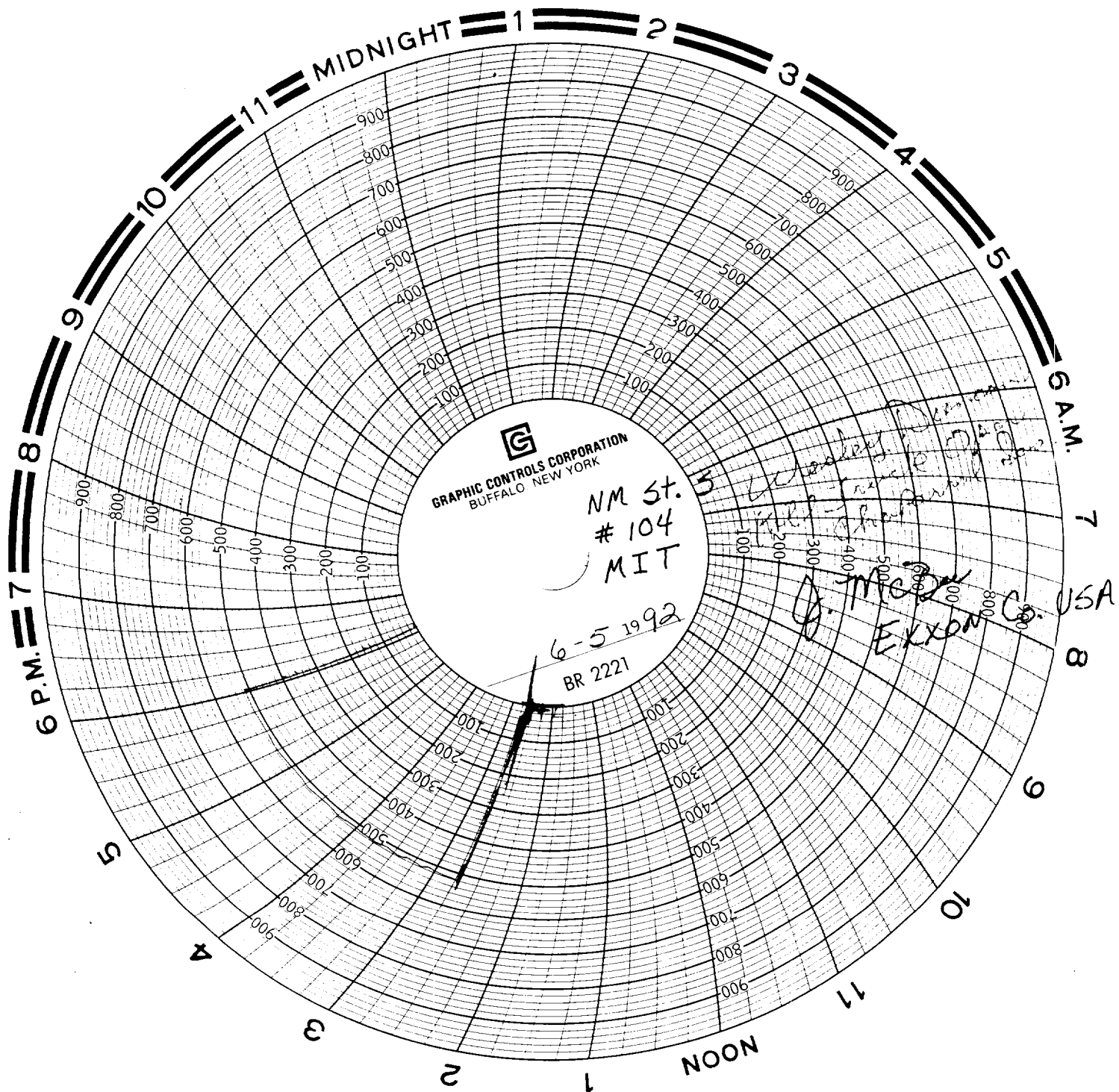
SIGNATURE Staci Turner TITLE Office Assistant DATE 06/11/92

TYPE OR PRINT NAME Staci R. Turner (915) 688-7556 TELEPHONE NO.

(This space for State Use)

APPROVED BY Paul Korte TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK

NM St.
#104
MIT

6-5 1992
BR 2221

Exxon Co. USA
Mc3