Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P 0. Box 2088 3002509958 DISTRICT II Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 37721 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.) PADDOCK (SAN ANGELO) UNIT i. Type of Well: OIL X OTHER 2. Name of Operator 8. Well No. 29W **EXXON CORPORATION** ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702 . 1600 <u>TX</u> 9. Pool name or Wildcat 3. Address of Operator PADDOCK 4. Well Location Umt Letter K : 1980 Feet From The SOUTH 1980 WEST Line and _ Feet From The _ Range 37E Township 22S LEA NMPM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3368 DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG & ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB PULL OR ALTER CASING X OTHER: CONVERT INJECTOR TO PRODUCER 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. INTENT IS TO CONVERT FROM INJECTOR TO PRODUCER. WELL IS PRESENTLY TA. PROPOSED PROCEDURE IS: 1. INSTALL CLASS III BOP. 2. DO CIBP AT 4985' AND TEST PADDOCK PERFS. 5055'-5205' AND PRODUCE. 3. IF PADDOCK IS NONPRODUCTIVE, INSTALL CLASS II BOP, SET CIBP AT 5050' 10' CMT.(10' OF CMT. APPROVED PER E. DOWNS 4-29-93). PERF. GLORIETA 5010'-5035', AC 3600 GAL. 5. PUT ON PRODUCTION. C-102 IS ATTACHED. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. Regulatory Specialist DATE 05/06/93

APPROVED BY

TYPE OR PRINT NAME

OGIGINAL *** ** F. MARY SEXTON

Alex M.

MARY NOT INCOME YEAR VISION

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__ TITLE _

MAY 11 1993

(915) 688-6782 TELEPHONE NO.