

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. <b>3002507042</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-934</b>
7. Lease Name or Unit Agreement Name <b>NEW MEXICO S STATE</b>
8. Well No. <b>21</b>
9. Pool name or Wildcat <b>TUBB GAS</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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator <b>EXXON CORPORATION</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>	
4. Well Location Unit Letter <b>L</b> : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>500</b> Feet From The <b>WEST</b> Line Section <b>2</b> Township <b>22S</b> Range <b>37E</b> NMMP LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3368' GR</b>	

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: **REMOVE RETAINER & FRAC TUBB** ☒

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

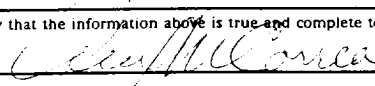
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**REMOVE CMT. AT 5986', FRAC OA TUBB PERFS. (5815' - 6105') WITH APPROX. 42000 GAL / 160000 # 20/40 SD., RETURN WELL TO PRODN.**

**MIN. BOP 1500 # WP.**

**(FRAC REPORTED ON NOTICE OF INTENT DTD. 9-26-91 WAS NOT DONE.)**

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

SIGNATURE  TITLE Administrative Specialist DATE 05/01/92  
TYPE OR PRINT NAME Alex M. Correa (915) 688-7532 TELEPHONE NO.

(This space for State Use)

Orig. Signed by  
**Paul Kautz**  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 05 '92

CONDITIONS OF APPROVAL, IF ANY: