

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.  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |

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"  
(FORM C-101) FOR SUCH PROPOSALS.)

|   |   |
|---|---|
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER  | 7. Lease Name or Unit Agreement Name<br>Paddock San Angelo Unit |
| 2. Name of Operator<br>Exxon Corporation  | 8. Well No.<br>24   |
| 3. Address of Operator<br>P. O. Box 1600 Midland, Texas 79702   | 9. Pool name or Wildcat<br>Paddock                              |
| 4. Well Location<br>Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>510</u> Feet From The <u>West</u> Line<br>Section <u>3</u> Township <u>22S</u> Range <u>37E</u> NMPM County |   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)  |   |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:                                     |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                    |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                  |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>          |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>             |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/>       |
|   | OTHER: <u>Add additional pay</u> <input type="checkbox"/> |

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.

8-21-90 Perf well 5038' thru 5204' total of 167 shots, 1 spf  
8-23-90 Acidize w/150 bbls (6,300 gals) 15% HCl acid. 2 gals/1000 inhib,  
2 gals/1000 NEA+ '5 gals/citric acid.  
8-24-90 RIH w/ 6 jts 2 3/8 tbgs MA 259 jts 2 3/8 tbgs. MA - 5226', SN - 5190, TA - 5003'  
8-25-90 Install pumping unit  
9- 7-90 Well pumping down flowline to Bty.

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

SIGNATURE Sharon B. Timlin TITLE Staff Office Assistant DATE 12-10-90

TYPE OR PRINT NAME Sharon B. Timlin TELEPHONE NO. 915-688-7509

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY:

DEC 13 1990