

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>3002510132</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>FEE</b>
7. Lease Name or Unit Agreement Name <b>J L GREENWOOD</b>
8. Well No. <b>11</b>
9. Pool name or Wildcat <b>PADDOCK</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3429 KB</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 ☐ OTHER

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 **I** : **1880** Feet From The **SOUTH** Line and **760** Feet From The **EAST** Line  
Section **9** Township **22S** Range **37E** NMPM **LEA** County

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: **PB F/F/BLINEBRY TO PADDOCK** ☒

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.

**02/29/96 MIRU.**

**03/01/96 SET CIBP @ 5400 DUMP BAIL 35' CMT TOP; PERF PADDOCK 5034-5196.**

**03/04/96 ACID PADDOCK PERFS 5034-5196 W/6300 GAL 15% HCL**

**03/05/96 RIH W/DOWNHOLE EQUIPMENT; SET PUMP.**

**04/02/96 RWTP.**

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

SIGNATURE Julie H. Mitchell TITLE Staff Office Assistant DATE 05/08/96  
TYPE OR PRINT NAME Julie H. Mitchell (915) 688-7888 TELEPHONE NO.

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

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

CONDITIONS OF APPROVAL, IF ANY: