

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.
Unknown

5. Indicate Type of Lease
STATE ☐ FEE ☒

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:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Exxon Corporation

3. Address of Operator
P.O. Box 1600, Midland, TX 79702

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West Line

Section 9 Township 22S Range 37E NMPM 10a County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3414 DF

11. 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 AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Z A Fusselman ☐

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.

12-26-88 Set CIBP @ 7120', cap w/ 3 sx cmt Set packer @ 5370' on 2 3/8" tbq.
1-2-89 70# FTP, 0 BO, 0 BW, 229 KCF

THIS WELL HAS CONVERTED FROM OIL TO GAS. FORM C116 WILL FOLLOW.

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

SIGNATURE S. Johnson TITLE Administrative Specialist DATE 1-11-89

TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 23 1989

JAN 20 1989

RECEIVED
JAN 20 1989
OCD
HOBBS OFFICE

JAN 20 1989
OCD
HOBBS OFFICE