

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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Paddock (SA) Unit |
| 8. Well No. 67 |
| 9. Pool name or Wildcat Paddock |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) N/A |

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
| 2. Name of Operator Exxon Corporation |
| 3. Address of Operator P.O. Box 1600, Midland, TX 79702 |
| 4. Well Location Unit Letter E : 1980 Feet From The North Line and 440 Feet From The West Line Section 11 Township 22S Range 37E NMPM Lea County |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|---|---|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER: <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: <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.

MIRU, and NU BOPs and test
Clean out to TD of 5164.
Add pay in Paddock from 4955 - 5075.
Acidize OH and new pay with 10000 gal of 15% HCL.
Return well to pump if necessary.

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

SIGNATURE Stephen Johnson TITLE Administrative Specialist DATE 4-06-89
TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE APR 10 1989

CONDITIONS OF APPROVAL, IF ANY: