

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. 30-025-25276
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-934
7. Lease Name or Unit Agreement Name New Mexico "S" State
8. Well No. 29
9. Pool name or Wildcat Wantz Abo

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 Corp. (Regulatory Affairs)	
3. Address of Operator P. O. Box 1600, Midland, TX 79702	
4. Well Location Unit Letter <u>L</u> : <u>1700</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>22</u> <u>2</u> Township <u>22s</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3386	

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: Abandon Drinkard & put Abo on pmp <input checked="" 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.

Squeeze Drinkard perfs 6258 - 6474' with 85 sx cmt. Squeeze Abo perfs 6606 - 6696' with 64 sx cmt. Put Abo perfs (6758 - 6899' & 6944 - 7080') on pump. Minimum BOP will be double ram.

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

SIGNATURE Alex M. Correa TITLE Administrative Specialist DATE _____
TYPE OR PRINT NAME Alex M. Correa TELEPHONE NO. 915-688-7532

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 30 1989
CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State Lease—4 copies
Fee Lease—3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section.

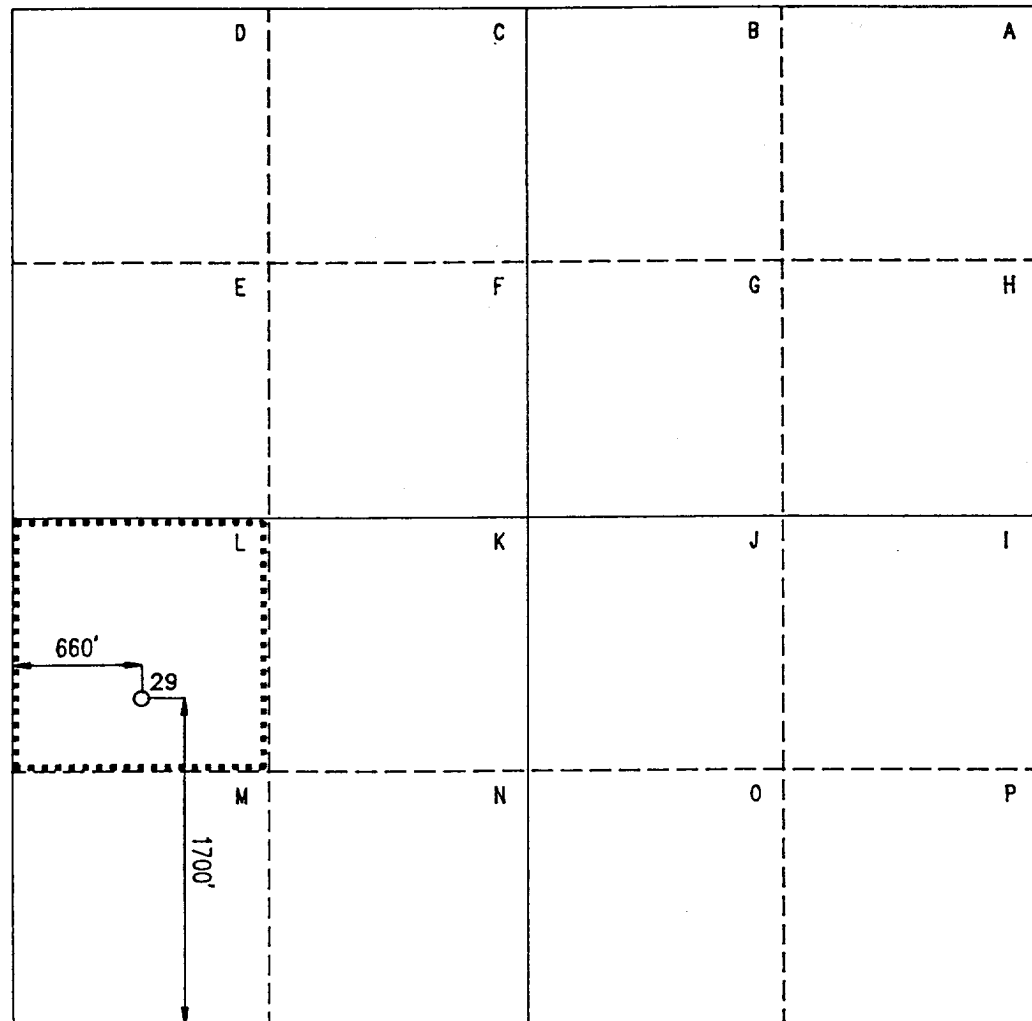
Operator Exxon Corporation			Lease NEW MEXICO "S" STATE		Well No. 29
Unit Letter L	Section 2	Township 22/S	Range 37/E	County NMPM	LEA
Actual Footage Location of Well: 1700 feet from the SOUTH line and 660 feet from the WEST line.					
Ground level Elev. -	Producing Formation WANTZ ABO		Pool WANTZ ABO		Dedicated Acreage: 40 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes", type of consolidation _____

If answer is "no", list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
Charlotte Harper

Printed Name
Charlotte Harper

Position
PERMITS SUPERVISOR

Company Exxon Corporation
P.O. Box 1600—Midland, Tx.—79702

Date
10-17-90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
5/10/76

Signature & Seal of
Professional Surveyor

Certificate No.

2 Miles SE of EUNICE, New Mexico.

C.E. File No. A-6877B