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
1625 N. French, Hobbs, NM 88240

DISTRICT II
811 South First, 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.
3002525280

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B934

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)

7. Lease Name or Unit Agreement Name
New Mexico S State

1. Type of Well:
Oil Well ☒   Gas Well ☐   Other

8. Well No.
30

2. Name of Operator
Exxon Corp.

3. Address of Operator **Regulatory Affairs**
P. O. Box 4358 Houston   **Tx 77210-4358**

9. Pool name or Wildcat
Wantz - Abo

4. Well Location

Unit Letter **I** : **2160** Feet From The **south** Line and **690** Feet From The **east** Line

Section **2**   Township **22S**   Range **37E**   NMPH   **Lea** County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*   **3370 KB**

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 & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____ ☐

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.

2/25   Squeeze Drinkard perfs (6394-6448) w/75 sx cmnt; push CIBP to 7127'.
3/5   Squeeze Abo perfs (6538-6715; 6784-6885; 6945-7108) w/50 sx cmnt.
3/9   Reperf Abo 6538-6715 (1 hole per 10'); 6784-6844 (1 hole per 5.5') total 29 holes.
3/10   Set tubing at 6700.
4/1   Set rod pump.

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

SIGNATURE _____   TITLE **Staff Office Assistant**   DATE **08/05/1999**

TYPE OR PRINT NAME **Allison Myrow**   TELEPHONE NO. **(713) 431-1213**

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: