

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**

7. Lease Name or Unit Agreement Name

**New Mexico S State**

8. Well No.

**30**

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

**Exxon Corp.**

3. Address of Operator **Regulatory Affairs**

**P. O. Box 4358 Houston**

**Tx 77210-4358**

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 perms (6394-6448) w/75 sx cmnt; push CIBP to 7127'.**

**3/5 Squeeze Abo perms (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 Allison Myrow TITLE **Staff Office Assistant**

DATE **08/05/1999**

TYPE OR PRINT NAME **Allison Myrow**

TELEPHONE NO. **(713) 431-1213**

(This space for State Use)

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

CONDITIONS OF APPROVAL IF ANY:

attachment to 139  
encl