State of New Mexico Ener ..., 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

OIL CONSERVATION DIVISION

P 0. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 3002525280 5. Indicate Type of Lease

	STATE X	FEE
State Oil & Gas	Lease No.	

DISTRICT III	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. B-934
SUNDRY NOTICES AND REPORTS ON WEL	
DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERM (FORMC-101) FOR SUCH PROPOSALS.)	
I. Type of Well: OIL GAS OTHER WELL WELL	
2. Name of Operator EXXON CORPORATION	8. Well No. 30
3. Address of Operator ATTN: REGULATORY AFFAIRS ML# P. O. BOX 1600 MIDLAND, TX 79702	9. Pool name or Wildcat ORINKARD OIL
4. Well Location	
Unit Letter I : 2160 Feet From The SOUTH Line and	690 Feet From The EAST Line
Section 2 Township 22S Range 3	7E NMPM LEA County
10. Elevation (Show whether D. 3370 KB	F, RKB, RT, GR, etc.)
Check Appropriate Box to Indicate Na	ature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG & ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER:UNSUCCESSFUL PLUGBACK

TEMPORARILI AB	ANDON —	CHANGE PLANS		COMMENCE D	RILLING OF NS.	ABANDONNEN
PULL OR ALTER C	ASING			CASING TEST A	AND CEMENT JO	в
OTHER:			🗆	OTHER:UNSU	CCESSFUL P	LUGBACK
12. Describe Proposed or work) SEE RULE		ns (Clearly state all pertine	nt details, and g	ive pertinent dates, inc	luding estimated date o	of starting any proposed
01/28/97	MIRU					
02/29/97	POH W/ T	BG AND PACKEI	र			
01/30/97	RIH W/ 7	" CIBP AND SI	ET a 65	30'DUMP BA	ILED 35' (CMT ON TOP OF
02,00,,,	PLUG	010	.			
01/31/97	PERE 1 S	PF 4" RHSC GI	IN. 639	4 TO 6448.	ACIDIZE V	N/ 966 GALS 15%
01,01,7,		BALL SEALERS	,,, ,,,	1 10 01107		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
00 (07 (07				up 10700 a	ALC ELUED	
02/03/97		71000# 20/40			··	
02/07/97	RIH W/ T	BG , SN @ 638	33', WE	LL WILL RE	MAIN SI PE	ENDING
	EVALUATI	ON FO UPHOLE	POTENT	IAL.		

I hereby certify that the information of the second of the	fination above is true and complete to the best of my kind of the best of the of the	- -	.Staff Office Assistant	DATE 02/25/97		
TYPE OR PRINT NAME	Sharon B. Timlin	(915) 688-6166 TELEPHONE NO.				
(This space for State Use)	ORIGHTAL SIGNED BY			FEB 28 1997		
APPROVED BY	GROLD REP. II	TITLE		DATE		

CONDITIONS OF APPROVAL, IF ANY:

2A Abo Didnot add Dold 18691