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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

AUG 29 1984

O. C. D.
ARTESIA OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Exxon Corporation	8. Farm or Lease Name Roy Renfro
3. Address of Operator P. O. Box 1600, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> Lot <u>14</u> <u>3300</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM <u>West</u> LINE, SECTION <u>1</u> TOWNSHIP <u>21S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat Undesig. Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 3196' GR	12. County Eddy

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Change surface Cas. depth</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Mr. John Harris received verbal approval from Mr. Larry Brooks on 8-16-84 for the following:

To run 1000' of 13 3/8" 48# surface casing rather than 600' as approved on APD dated 3-27-84.

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

SIGNED Melba Knippling TITLE Unit Head DATE 8-22-84

APPROVED BY Original Signed By TITLE Supervisor District II DATE AUG 31 1984
Leslie A. Clements

CONDITIONS OF APPROVAL, IF ANY: