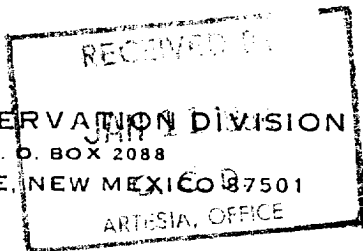


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
L-1649, L-3390, K-3403

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 GAS WELL OTHER- _____

2. Name of Operator
Exxon Corporation ✓

3. Address of Operator
P.O. Box 1600, MIDLAND, TEXAS 79702

1. Location of Well
UNIT LETTER G 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM
THE EAST LINE, SECTION 27 TOWNSHIP 23-S RANGE 26-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
SOUTH CARLSBAD GAS COM #4

9. Well No.
1

10. Field and Pool, or Wildcat
CARLSBAD MORGAN, SOUTH

15. Elevation (Show whether DF, RT, GR, etc.)
3302 DF

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 checked="" 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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

- PERFORATE 4 1/2" CSG 11372-11380- WITH 2SPF- 175 SHOTS, 11430- 11480 WITH 2SPF-100 SHOTS
- IF WELL DOES NOT PRODUCE- ACIDIZE WITH 1000 GAL OF 7 1/2% HCL AND 1000 SCF N2 PER BBL.
- FLOW/SWAB BACK LOAD TO CLEAN UP AND STABILIZE.
- PLACE ON PRODUCTION.

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

SIGNED Leslie A. Clements TITLE SR ADMIN DATE 1-9-84

APPROVED BY _____ TITLE Supervisor District II DATE JAN 11 1984

CONDITIONS OF APPROVAL, IF ANY: