

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-935

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 NEW MEXICO 'U' STATE
3. Address of Operator Box 1600, MIDLAND, TEXAS 79702	9. Well No. 12
4. Location of Well UNIT LETTER L 1980 FEET FROM THE SOUTH LINE AND 330 FEET FROM THE WEST LINE, SECTION 10 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat BLINEBRY
15. Elevation (Show whether DF, RT, GR, etc.)	12. County LEA

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 checked="" 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.

- KILL WELL.
- DRILLED OUT BP AND CLEANED OUT TO TD 5925.
- ACIDIZED PERF 5793-5925 W/3528 GALS 15% HCL.
- TEST 14 DAYS FINAL ICHR SWAB TEST-1B0-10BW.

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

SIGNED J. P. Lowe TITLE SR. ADMIN. DATE 8-1-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG - 7 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG - 6 1985

02
HARRIS COUNTY