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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>2. Name of Operator Exxon Corporation</p>		<p>5. State Oil & Gas Lease No. B-936</p>
<p>3. Address of Operator P.O. Box 1600, Midland, Texas 79702</p>		<p>7. Unit Agreement Name</p>
<p>4. Location of Well UNIT LETTER I 1980 FEET FROM THE S LINE AND 330 FEET FROM THE E LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E N.M.P.M.</p>		<p>8. Farm or Lease Name NEW MEXICO "BO" STATE</p> <p>9. Well No. 2</p> <p>10. Field and Pool, or Wildcat VACUUM A B O R E E F</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3983 D.F</p>		<p>12. County Lea</p>

<p align="center">16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>			
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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER CSG LEAK SURVEY <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.

- Clean out cellar to surface casing.
- Install bleeder line from 13 3/8" surface casing to above ground level with control valve at surface.
- Install bleeder line from 9 5/8" intermediate casing to above ground level with control valve at surface.

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

SIGNED *J L Clemmer* TITLE Unit Head DATE 2-3-77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 17 1977