

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

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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 "V" State
3. Address of Operator P. O. Box 1600, Midland, Texas 79702	9. Well No. 6
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Widcat Blinbry-Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) RT 3467	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 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 JOBS <input type="checkbox"/>	OTHER <u>DHC Blinbry-Drinkard DHC 591</u> <input checked="" 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.

1-21-86 Perf. 5-1/2" csg. @ 6848-5855 w/130 shots
 1-22-86 Perf. 5-1/2" csg. @ 5896-6734 w/56 shots
 1-23-86 Acidize Perfs. 6530-6848 w/9500 gal of 20% HCL
 Acidize Perfs. 6500-6560 w/3600 gal of 20% HCL
 1-30-86 Acidized Perfs. 6065-6123 w/3300 gal of 20% HCL
 1-31-86 Acidized Perfs. 5962-5723 w/6000 gal of 20% HCL
 2-6-86 Set 2-7/8" tbg. @ 6921
 2-18-86 24 Hour Potential Test 60 BO, 30 BW, 238 KCF/Day

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

SIGNED J. J. [Signature] FOR JANET SCHAUMBURG TITLE Permits Supervisor DATE 10-6-86

APPROVED BY _____ TITLE _____ DATE OCT 9 1986

CONDITIONS OF APPROVAL, IF ANY: