

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

Form C-103
Revised 10-1-78

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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-934

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Exxon Corporation	7. Unit Agreement Name
3. Address of Operator Box 1600, Midland, TX 79702	8. Farm or Lease Name New Mexico "S" State
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>500</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.	9. Well No. 21
	10. Field and Pool, or Wildcat Tubb
15. Elevation (Show whether DF, RT, GR, etc.) DF 3380	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.

- Cleaned salt from well to 5915'.
- Treated well w/25 Bbls fresh water and 5 gals. soap.
- Acidized perf 5815 - 5960 w/200 Bbls. inhibited 15% HCL acid.
- Swab well.
- Well will not produce.
- Well under study.
- FRW 6-15-81.

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

SIGNED Jerry G. Sisk TITLE Sr. Administrator DATE 11-11-81

APPROVED BY Jerry G. Sisk TITLE _____ DATE NOV 13 1981

CONDITIONS OF APPROVAL, IF ANY: