STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED
MAR 07 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: LH-2395

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: ---

2. Name of Operator: Exxon Corporation ✓

8. Farm or Lease Name: New Mexico DM State

3. Address of Operator: P. O. Box1600, Midland, TX 79702

9. Well No.: 1

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 24S RANGE 27E NMPM.

10. Field and Pool, or Wildcat: Wildcat-Bone Spring

15. Elevation (Show whether DF, RT, GR, etc.): 3350' GR

12. County: Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER Set casing [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER [ ]

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.

8-15-83 Ran 48 jts 5 1/2"/K-55/14.5 & 15# casing. Set @ 5993' with DV tool @ 3538'. Cement 1st stage w/800 sx C1 H and 2nd statge w/900 sx C1 H. WOC 8 hours before running temperature survey. TOC @ 1535'.

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

SIGNED Melba Knipling TITLE Unit Head DATE March 6, 1984

APPROVED BY Original Signed by Leslie A. Clements TITLE Supervisor District II DATE MAR 08 1984

CONDITIONS OF APPROVAL, IF ANY: