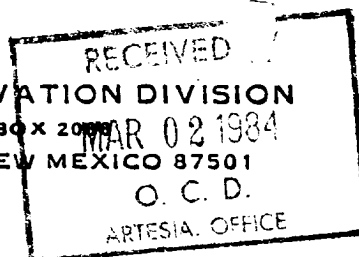


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501



Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
LG-1637

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 DC STATE
3. Address of Operator P.O. BOX 1600, MIDLAND, TEXAS 79702	9. Well No. 2
4. Location of Well UNIT LETTER I 1780 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 18 TOWNSHIP 19-S RANGE 29-E NMPM.	10. Field and Pool, or Whichever EAST MILLMAN QUEEN GRAYBURG SA
15. Elevation (Show whether DF, RT, GR, etc.) 3359.3	12. County EDDY

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 OPER. <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"/>	

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. PULLED RODS AND TUBING
2. ACIDIZED 4 1/2, 500 GAL. 15% NEHCL ACID.
3. PLACED WELL ON PUMP.
4. TESTED FOR 20-DAYS. FINAL TEST - 20 BD PLUS 80 BW

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

SIGNED L. A. Clements TITLE SR ADMIN DATE 2-29-84
Original Signed By
Leslie A. Clements
APPROVED BY _____ TITLE Supervisor District II DATE MAR 02 1984
CONDITIONS OF APPROVAL, IF ANY: