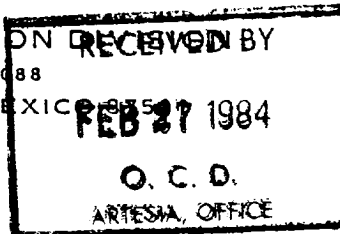


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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



Form C-103  
Revised 10-1-78

3a. Indicate Type of Lease

State ☒ Fee ☐

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 <input checked="" type="checkbox"/>	8. Farm or Lease Name New Mexico DC State
3. Address of Operator P. O. Box 1600, Midland, TEXAS 79702	9. Well No. 4
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>19S</u> RANGE <u>29E</u> N.M.P.M.	10. Field and Pool, or Wildcat Undesig. East Millman Queen Crayburg
11. Elevation (Show whether DF, RT, GR, etc.) 3377' GR	12. County Eddy

15. 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 <u>To change casing program</u> <input checked="" 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.

Request approval to change size and weight of casing from 8 5/8", 24#, to 9 5/8", 53.5#.

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

SIGNED Melba Kripling TITLE Unit Head DATE 2-22-84  
Original Signed By  
Leslie A. Clements  
Supervisor District II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 27 1984  
CONDITIONS OF APPROVAL, IF ANY: