

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
RECEIVED BY BOX 2088
SANTA FE, NEW MEXICO 87501
SEP 18 1986
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-9960

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 Big Eddy State
3. Address of Operator P. O. Box 1600, Midland, Texas 79702	9. Well No. 99
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 2080 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 21-S RANGE 28-E NMPM.	10. Field and Pool, or WHdcat Fenton-Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3259.3 GR	12. County Eddy

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 <input checked="" type="checkbox"/> Operator and name change

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 1703.

Operator of lease has been changed from Ammex Petroleum, Inc. to Exxon Corporation. Name of lease has been changed from Big Eddy to Big Eddy State. Well No. 99 will remain the same. This well is currently shut-in.

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

SIGNED Tanet L. Schaumburg TITLE Permits Supervisor DATE 9-15-86

APPROVED BY _____ TITLE _____ DATE SEP 26 1986
CONDITIONS OF APPROVAL, IF ANY: