ENERGY AND MINERALS DEPARTMENT

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

RECEIVED BY
MAR 28 1985
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. L-654 & L-3390

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 [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name

2. Name of Operator: Exxon Corporation

8. Farm or Lease Name: No. 3 SO. CARLSBAD GAS COM

3. Address of Operator: P.O. Box 1600, Midland, Texas 79702

9. Well No. 1

4. Location of Well: UNIT LETTER C, 990 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 26, TOWNSHIP 23-S, RANGE 26-E, NMPM.

10. Field and Pool, or Wildcat: SO. CARLSBAD MORROW

15. Elevation (Show whether DF, RT, GR, etc.): 3275 RKB

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 [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		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.

BLOW DOWN CANYON SIDE-PUMP 10# BRINE TO KILL WELL-SET PLUG AT 11390'.
BLEED DOWN MORROW SIDE TO TEST PLUG - LOAD MORROW TBG. W/BRINE.
TEST BOP TO 5000#. PULL LONG AND SHORT STRING.
DUMP 5' OF SAND AND 5' OF CMT ON TOP OF PKR AT 11390'. SET CMT RETAINER AT 10100' AND SQUEEZE CANYON PERF 10160-10165' W/100 SK CL "H" CMT.
CLEAN OUT TO 11375'- TEST SQUEEZE TO 1000#. SET RET PROD PKR AT 11000'. PERF 7" CSG 11366-11352, 11310-11304, 11184-11178, 11084-11080 W/4 SPF.
ACIDIZE PERFS W/2550 GAL OF TITAN'S 7½% HCL.
TEST WELL.

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

SIGNED D. F. Lowe TITLE S.R. Administrator DATE 3-26-85

APPROVED BY Original Signed By Leslie A. Clements Supervisor District II TITLE DATE MAR 29 1985

CONDITIONS OF APPROVAL, IF ANY: