

OIL CONSERVATION DIVIS.

P. O. BOX 2088
SANTA FE, NEW MEXICO 87500

Form C-103
Revised 10-1-7

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JUL 02 1984
O. C. D.

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
K 4761-3

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE
(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 ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator EXXON CORPORATION ✓	8. Farm or Lease Name NEWMAN
3. Address of Operator P.O. Box 1600, MIDLAND, TEXAS 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>0</u> <u>2300</u> FEET FROM THE <u>EAST</u> LINE AND <u>660</u> FEET FROM THE <u>SOUTH</u> LINE, SECTION <u>7</u> TOWNSHIP <u>23S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool, or Wildcat DELAWARE BRYNES TANK
15. Elevation (Show whether DF, RT, GR, etc.) 3438 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

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 PRODUCTION EQUIPMENT.
2. CLEAN OUT TO 4850'
3. PERF 4 1/2" C56 4780-4846, 22 SHOTS.
4. ACIDIZE 4 1/2" PERF 4780-4846 W/1600 GAL 15% HCL.
5. FRAC PERFS 4780-4846 W/32000 GAL 75% FOAM, 18,000# 20-40 SAND, 16,000# 10-20 SAND.
6. WELL PLACED ON PUMP.
7. TESTED WELL 28 DAYS, PRODUCED 9 BO, PLUS 1543 BW.
8. WELL UNDER STUDY.

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

SIGNED J. F. Lowe TITLE SR ADMIN. DATE 6-27-84
Leslie A. Clements
Supervisor District #
APPROVED BY _____ TITLE _____ DATE JUL 02 1984
CONDITIONS OF APPROVAL, IF ANY: