

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               |                                     |
| LAND OFFICE            |                                     |
| OPERATOR               | <input checked="" type="checkbox"/> |

IL CONSERVATION DIVISIC

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

MAR 04 1983

O. C. D.  
ARTESIA OFFICE

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| L-654                                     |                              |

SUNDY 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                                                                                                      | 8. Farm or Lease Name          |
| Exxon Corporation                                                                                                        | New Mexico DL State            |
| 3. Address of Operator                                                                                                   | 9. Well No.                    |
| P. O. Box 1600, Midland, TX 79702                                                                                        | 1                              |
| 4. Location of well                                                                                                      | 10. Field and Pool, or Wildcat |
| UNIT LETTER E, 1880 FEET FROM THE NORTH LINE AND 660 FEET FROM THE West LINE, SECTION 19, TOWNSHIP 23S, RANGE 26E, NMPM. | Wildcat                        |
| 15. Elevation (Show whether DF, RT, GR, etc.)                                                                            | 12. County                     |
| Ground 3430'                                                                                                             | 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 Amend casing and cementing programs <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <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.

Please amend the casing and cementing program for the above well as follows:

| Size of Hole | Size of Casing | Weight per Foot | Setting Depth | Sacks of Cement | Est. Top |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| 26"          | 20"            | 94.0#           | 29'           | 20 sx           | Surface  |
| 17 1/2"      | 13 3/8"        | 54.5#           | 625'          | 825 sx          | Surface  |
| 11"          | 8 5/8"         | 24.0#           | 1650'         | 350 sx          | Surface  |
| 7 7/8"       | 5 1/2"         | 17.0#           | 8800'         | 700 sx          | 1600'    |

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

SIGNED Melvin Kripling TITLE Unit Head DATE March 1, 1983

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 08 1983