

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
OCT 02 1984  
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.  
L-654

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 NEW MEXICO DE STATE
3. Address of Operator Box 1600, MIDLAND, TEXAS 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>1880</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>19</u> TOWNSHIP <u>23-S</u> RANGE <u>26-E</u> NMPM.	10. Field and Pool, or Whidcat DE LA W ARE WEST DARK CANYON
15. Elevation (Show whether DF, RT, GR, etc.) 3430 GR	12. County EDDY

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING  OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOBS   
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.

- PULL RODS AND TUBING.
- PULLED RETRIEVABLE BP.
- PERFS NOW OPEN 4690-4848'
- WELL PLACED ON PUMP. TESTED 5-DAYS, FINAL TEST 15 BO PLUS 105 BW.

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

SIGNED L. A. Love TITLE S.R. ADMIN DATE 9-28-84

APPROVED BY \_\_\_\_\_ TITLE Original Signed By  
Leslie A. Clements  
Supervisor District II DATE OCT 02 1984

CONDITIONS OF APPROVAL, IF ANY: