STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

LJ

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [XX] Fee [ ]
5. State Oil & Gas Lease No.: LH-2395

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 [XX] GAS WELL [ ] OTHER-
7. Unit Agreement Name: --
2. Name of Operator: Exxon Corporation
8. Farm or Lease Name: New Mexico DM State
3. Address of Operator: P.O. Box 1600, Midland, Texas 79702
9. Well No.: 1
4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 24S RANGE 27E NMPM.
10. Field and Pool, or Wildcat: Wildcat - Bone Spring
15. Elevation (Show whether DF, RT, GR, etc.): 3350
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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Status Report [ ]		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.

8-22-83	Perf 5570-5598 w/57 shots.
8-23-83	Acdz w/3000 gals 15% HCl.
9-1-83	Frac w/32,000 gals foam, 18,000@ 20-40 sand, 16,000@ 10-20 sand. Testing.
9-20-83	Set CIBP @ 5500'. Cap w/35' cmt. Perf 3807-3820 w/27 shots. Testing.
9-21-83	Acdz w/1400 gals 15% HCl.
9-29-83	Frac w/44,000 gals 75% foam and 62,140# 20-40 sand. Testing.
10-20-83	Set CIBP @ 3740' top w/35' cmt. Perf 3248-3261' w/28 shots. Testing.
11-2-83	Frac w/32,000 gals 75% foam, 18,000# 20-40 sand, 16,000# 10-20 sand. Testing.
12-31-83	FRW

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

SIGNED Melba Knipling TITLE Unit Head DATE January 24, 1984

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE MAR 0 8 1984