

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
RECEIVED BY
OCT 25 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LH-2392

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Exxon Corporation	8. Farm or Lease Name New Mexico DU State
3. Address of Operator P.O. Box 1600; Midland, Texas 79702	9. Well No. 1
4. Location of well UNIT LETTER F 1673 FEET FROM THE North LINE AND 1809 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 22S RANGE 27E NMPM.	10. Field and Pool, or Wildcat Undesign-Bone Spring
15. Elevation (Show whether DF, RT, GR, etc.) 3075'-GL	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 <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 Set Casing <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

10-14-83 - Spud @ 0200 hrs.

10-15-83 - Ran 16jts/13 3/8"/54.5/K-55/STC csg @ 612'. Lead w/500 sx BJ Lite; tail w/300 sx CLC. Circulate 200 sx to pits. WOC. Test csg to 1000 psi for 30 min.
Held OK.

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

SIGNED Melba Knippling TITLE Unit Head DATE 10-24-83

APPROVED BY _____ TITLE _____ DATE _____