

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

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OCT 25 1983

O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease

State ☒Fee ☐

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" 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 DL State
3. Address of Operator P.O. Box 1600; Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>1673</u> FEET FROM THE <u>North</u> LINE AND <u>1809</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>22S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat <u>Undesig-Bone Spring</u>
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 OPMS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Set Casing</u> <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. woc 20 hr. 45 min

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

SIGNED <u>Melba Kripling</u>	TITLE <u>Unit Head</u>	DATE <u>10-24-83</u>
	Original Signed By <u>Leslie A. Clements</u>	
	Supervisor District II	
APPROVED BY _____	TITLE _____	DATE <u>NOV 07 1983</u>