

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2048  
SANTA FE, NEW MEXICO 87501

RECEIVED BY  
FEB 13 1984  
O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

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 -" (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 DU 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 Wildcat-Bone Spring
15. Elevation (Show whether DF, RT, GR, etc.) 3075' GR	12. County Eddy

10. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	OTHER <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
OTHER <u>Status Report</u> <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1-21-84 Frac w/52,000 gals. 75% quality foam, 1,205,000 SCF N<sub>2</sub> 24,000# 20-40 sand,  
24,000# 10-20 sand - Testing

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

SIGNED <u>Leslie A. Clements</u>	TITLE <u>Unit Head</u>	DATE <u>2-8-84</u>
Original Signed By Leslie A. Clements		DATE <u>FEB 13 1984</u>
APPROVED BY _____	TITLE <u>Supervisor District II</u>	
CONDITIONS OF APPROVAL, IF ANY:		