

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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WILDERNESS 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.
1-654

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- 2. Name of Operator EXXON CORPORATION ✓ 3. Address of Operator Box 1600, MIDLAND TEXAS 79702 4. Location of Well UNIT LETTER <u>D</u> <u>660</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>23S</u> RANGE <u>26E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3439 GR	7. Unit Agreement Name 8. Farm or Lease Name NEW MEXICO "DI" STATE 9. Well No. 2 10. Field and Pool or Wildcat WEST DARK CANYON DELAWARE 12. County EDDY
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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 1703.

- PULL RODS AND TUBING.
- SET PKR AT 4730'.
- FRAC PER F 4778-4790' w/20,000 GAL FOAM, PLUS 44,000# 20-40 SAND AND 16,000# 10-20 SAND.
- PLACE WELL ON PRODUCTION.

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

SIGNED D. A. Lowe TITLE SR ADMIN DATE 6-29-84

APPROVED BY _____ TITLE Leslie A. Clements DATE OCT 02 1984
Supervisor District II

CONDITIONS OF APPROVAL, IF ANY: