

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE NEW MEXICO 87501
NOV 7 1985
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.
L-1649

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER- WELL WELL | 7. Unit Agreement Name |
| 2. Name of Operator Exxon Corporation | 8. Farm or Lease Name New Mexico EU State |
| 3. Address of Operator P. O. Box 1600, Midland, TX 79702 | 9. Well No. 1 |
| 4. Location of Well UNIT LETTER J 1935 FEET FROM THE South LINE AND 1904 FEET FROM East LINE, SECTION 26 TOWNSHIP 23S RANGE 26E NMPM. | 10. Field and Pool, or Wildcat South Carlsbad (Morrow) |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3246 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 checked="" type="checkbox"/> | COMMENCE DRILLING OPS. <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"/> | 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.

The setting depth of the intermediate casing will be changed from 2200' to 1850'.
This change was verbally approved by Mr. Les Clements on 11-4-85.

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

SIGNED Edgar Runkel TITLE Unit Head DATE November 5, 1985

APPROVED BY Les A. Clements TITLE Supervisor District II DATE NOV 13 1985
CONDITIONS OF APPROVAL, IF ANY: