

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
SEP 05 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.
LG-1637.

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. <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 DC State
3. Address of Operator P. O. Box 1600, Midland, Texas 79702	9. Well No. 8
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 19S RANGE 29E NMPM.	10. Field and Pool, or Wildcat East Millman Queen Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3363' GR	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER Extend Permit ☒

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Please extend our permit for an additional 180 days. Permit issued 3-26-84. Permit expires 9-26-84.

APPROVAL
PERMIT EXPIRES
UNLESS DRILLING UNDERWAY.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3-8-85
UNLESS DRILLING UNDERWAY

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

SIGNED Della Kipling TITLE Unit Head DATE 9-4-84

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE SEP 10 1984

CONDITIONS OF APPROVAL, IF ANY: