

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO

RECEIVED BY
JUN 04 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. OIL WELL GAS WELL OTHER

2. Name of Operator
Exxon Corporation

3. Address of Operator
P. O. Box 1600, Midland, TX 79702

4. Location of Well
UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1953 FEET FROM
THE East LINE, SECTION 18 TOWNSHIP 19S RANGE 29E NMPM.

7. Unit Agreement Name
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8. Farm or Lease Name
New Mexico DC State

9. Well No.
5Y

10. Field and Pool, or Whichever Undesignated
Queen Grayburg

11. Elevation (Show whether DF, RT, GR, etc.)
3369' GR

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPRS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
	PLUG AND ABANDONMENT <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 1193.

- 5- 9-84 Drlg @ 2545' in 7 7/8" hole.
- 5-10-84 Set 62 jts 5 1/2"/17#/K55 casing @ 2542'. Cement w/750 sx C1 C Neat. Circ 100 sx Cement to pit.
- 5-11-84 FRR @ 1400 hrs. WOC approximately 163 hours before beginning completion work. Test casing to 1000 psi for 30 min. Held OK

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

SIGNED Melba Kripling TITLE Unit Head DATE 5-31-84

Original Signed By
Ledia A. Clements
TITLE Supervisor District # DATE JUN 04 1984

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: