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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No	

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 type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Farm or Lease Name Evelyn G. Brown
3. Address of Operator Box 1600, Midland, TX 79701		9. Well No. 1
4. Location of Well UNIT LETTER "P" 990 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 6N RANGE 34E NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Curry

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 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 checked="" 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.

Drilled to 7,967', ran 195 jts. 4½" K-55 8rd ST&C casing set at 6,730' cemented w/225 sx class "C" cement. POB 4:30 A.M. 10-11-74 WOC 24 hours.

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

SIGNED <u>A. L. Clemmer</u>	TITLE <u>Proration Specialist</u>	DATE <u>10-24-74</u>
Orig. Signed By Joe D. [unclear] Dist. I, Supv.		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		