## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(	
DISTRIBUTION	
SANTA PE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

CONDITIONS OF APPROVAL, IF ANYI

## JIL CONSERVATION DIVISION P. O. BOX 2088

Form	C-	103	•
Revis	ρd	10-	1 - 7

SANTA PE	」 SANTÆ	A FE, NEW 1	MEXICO 87501		•
FILE				5a. Indicate	Type of Leuse
U.S.G.S.				State	X Foo
LAND OFFICE					
OPERATOR	J .			3. State Of	l & Gas Lease No.
SUNDR	Y NOTICES AND RE	PORTS ON W	ELLS . TO A DIFFERENT RESERVOIR.		
(DO NOT USE THIS FORM FOR PRO- USE "APPLICAT	OPOSALS TO DRILL OR TO DE	C-101) FOR SUCH	R TO A DIFFERENT RESERVOIR. Proposals.)		
l.	····			7. Unit Agr	eement Name
OIL X WELL .	OTHER-				
2. Name of Operator				8. Farm or	Lease Name
Exxon Corporation	•			Tobac	State Oil Com A
3. Address of Operator				9. Well No.	
Box 1600, Midland	TX 79702			1	
	, 121 10102				md Pool, or Wildcat
4. Location of Well T	360	Most	2120	1	
L 6	660 PEET FROM THE		_ LINE AND	Tobac Tobac	rem.
			00 F		
South	ZU TOWN	8-5 5HIP	33-E	нмрм. //////	
177					
	15. Elevation		F, RT, GR, etc.)	12. County	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
		4393 DF		Chaves	
16. Charle	Appending Poy To	Indianta Na	ture of Notice, Repor	t or Other Data	
		maicate Na	=		. 0.5.
NOTICE OF II	NTENTION TO:	1	50856	EQUENT REPORT	Or:
				<del>□</del>	
PERFORM REMEDIAL WORK	PLUG AND	ABANDON .	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON			COMMENCE DRILLING OPHS.		PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE F	PLANS	CASING TEST AND CEMENT JQB		
		1	OTHER		
OTHER					
		L			
17. Describe Proposed or Completed O	perations (Clearly state a	ll pertinent detai	ls, and give pertinent dates,	including estimated de	ite of starting any proposed
work) SEE RULE 1103.					
1. Pulled product	ion equipment.				
2. Run production		new pump.			
			s a <mark>cid down bac</mark> ksio	de on casing.	
flush w/75 Bbls. fr		J	•	. 37	
4. Test well 7 da	vs - final test w	ell produced	i 33 Bbls. P∠O.		
ii Test Well I da	iyo iinai toot ii	or produces	. 00 2515. 1 201		
		•			•
		•			
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		•			
				·	
18. I hereby certify that the information	n above is true and comple	ete to the best of	my knowledge and belief.		
- 0 1/2	!				
K 4 X	. o	0	r. Administrator		3/9/82
SICHED L'. 1/ FZ		TITLE D	. Administrator	DATE	0/0/04
ORIGINAL SIGNE			·		
JERRY SEXTO	FN			M	AR 15 1982.
APPROVED BY	<u> </u>	TITLE		DATAV	Line -