

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
E-9089	

SUNDY 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-	7. Unit Agreement Name	
2. Name of Operator	8. Form or Lease Name	
Exxon Corporation	New Mexico BW State	
3. Address of Operator	9. Well No.	
P. O. Box 1600, Midland, TX 79702	7	
4. Location of Well	10. Field and Pool, or Whideat	
UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM	Undesig. Chaveroo - San Andres	
THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>8S</u> RANGE <u>33E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
4373' GR	Chaves	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	

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 1703.

6-23-84 Spud 12-1/4" hole @ 0130.

6-25-84 Set 44 jts. 8-5/8" /24#/ K-55 csg. at 1766'. Cement w/ 900 sx Pacesetter lite and 250 sx C1C. Circ 518 sx to reserve. WOC 41 hrs. before drill out. Test casing to 1100 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 Knippling TITLE Unit Head DATE 6-29-84

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE JUL 10 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUL 6 - 1984
O.C.D.
HOBBS OFFICE