STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

40. 00 COPICS SCCEIVES		
POISTRIBUTION	I	
SAHTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		•
OPERATOR	1	

DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANYS

OIL CONSERVATION DIVISION

20.07(0-10-10-10-10-10-10-10-10-10-10-10-10-10	-		11011 01 1131011	Form C-103 ·
DISTRIBUTION SANTA FE				Revised 10-1-7
FILE	SAN	TA FE, NEW	MEXICO 87501	
U.S.Q.S.	 			5a. Indicate Type of Lease
LAND OFFICE	-		•	State XX Fee
OPERATOR				5. State Oil & Gas Lease No.
0, 644,01				E-2064
				mmmmmm
SUNI	DRY NOTICES AND F	REPORTS ON	WELLS	
USE "APPLI	CATION FOR PERMIT -" (FOR	M C-1011 FOR SUC	H PROPOSALS.)	
I OIL XX GAS			·	7. Unit Agreement Name
WELL XX GAR	OTHER-			
2. Name of Operator				8. Form or Lease Name
Exxon Corporation				South Four Lakes Unit
: 3. Address of Operator				9. Weil No.
P. O. Box 1600, Midlar	nd, Texas 79702		·	1
				10 Field and Book or Wildow
4. Location of Well	660	37 61-	1000	Undesignated-Ranger Lake San Andres
UNIT LETTER	660	North	LINE AND PE	Lake San Andres
1				
East	CTION 2	12S	8ANGE 34E	
Line, St	- · · · · · · · · · · · · · · · · · · ·			
THIRTH THE THE	15. Elevation	on (Show whether	DF, RT, GR, etc.)	12. County
	4160			Lea
	777777			
Chec	k Appropriate Box 7	To Indicate N	ature of Notice, Report	or Other Data
NOTICE OF	INTENTION TO:		SUBSE	QUENT REPORT OF:
·			:	
PERFORM REMEDIAL WORK	PLUS A	NO ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ASAHOON			COMMENCE DRILLING OPHS.	PLUG AND ABANGONMENT
PULL OR ALTER CASING	ÉMANGI	PLANS	CASING TEST AND CEMENT JOB	-
2022 On AE1 CA 625110	•		OTHER	· ,
Extend permit		X	JINEN	
OTHER			,	
17. Describe Proposed or Completed	Operations (Clearly state	all pertinent det	tils, and give pertinent dates, in	ncluding estimated date of starting any proposed
work) SEZ RULE 1103.	•	•	•	
			·	
Please extend permit i	or an additional	. 180 days.	The permit will e	xpire on March 4, 1985.
			:	
				•
		•		
	•			
		•		
		n	process of many	
		Permit	Expires 6 Months Fro	om Approval
Date Unless Drilling Underway.				
			The state of the s	·
	ton shows to the state of	daa aa ah ah ah aa a	Control to the state of the sta	
18. I hereby certify that the informat	Jun woove is true and comp	stete to the best o	r må andmradda aud perrer.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	` .//. ` -			
*16HED/HILLIA The	pliner		Unit Head	2-28-85
	1			MAD 0 100F
ANICINAL SIGNI	ED BY JERRY SEXTON			MAR - 8 1985
OKIOHAL SIGH				· • · · · · · · · · · · · · · · · · · ·

MAR -7 1985