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**U.S. GEOLOGICAL SURVEY
WATER RESOURCES DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501**

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-2064	

SUNDRY NOTICES AND REPORTS ON WELLS <small>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.</small>		
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal Well		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Farm or Lease Name South Four Lakes Unit
3. Address of Operator Box 1600 Midland, TX 79702		9. Well No. 6
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>12-S</u> RANGE <u>34-E</u> NMPM.		10. Field and Pool, or Wildcat Four Lakes Penn.
15. Elevation (Show whether DF, RT, GR, etc.) 4159 DF		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 JOBS <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 1703.

- Pressure up and backside of tubing.
- POH w/ tbq and pkr. Set pkr every 1000' [±] to find where leak is. Pressure test csg. to 1000 psi.
- Run casing inspection log (9900-4153) and electronic caliper (4153 to surface).
- Evaluate to determine whether to continue workover or P&A well.

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

SIGNED D. H. Laine TITLE Sr. Administrator DATE 3/13/81

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: