STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

THE MENT OF THE PARTY OF THE PA					
DISTRIBUTION					
SANTA PE					
FILE					
U.S.G.S.	ᆚ	↓			
LAND OFFICE		┞			
OPERATOR	1	1			

CONDITIONS OF APPROVAL, IF ANYI

OIL CONSERVATION DIVISION

DISTRIBUTION	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501			Form C-103 · Revised 19-1-7		
SANTA FE FILE				State	of Lease	
U.S.G.S.				5. State Oil 6 Gas	Lease No.	
OPERATOR]					
SUND	RY NOTICES AND REP	ORTS ON WELLS	CRENT RESERVOIR.			
	TION FOR PERMIT PORM C.			7, Unit Agreement	Name	
t.	6THE#-			8. Form or Lease	Name	
2. Name of Operator	Name of Operator			James Reed McCrory		
Exxon Corp.				9. Well No.		
3. Address of Operator	and TX 79702			1	<u> </u>	
P. O. Box 1600, Midla	1110, 111			Wildcat	oi, or Wildcot	
unit LETTER	1980 PERT PROM THE .	South LINE AND	1980		mm	
UNIT LETTER			34E			
East Line, see	TION 15 TOWNS	13S	1 HMPI	.(()))		
	15. Elevation (how whether DF, RT, GR	, etc.j	12. County		
	4144' G	R		Lea	VIIIIII	
10: Check	Appropriate Box To	Indicate Nature of	Notice, Report or O	ther Data		
NOTICE OF	INTENTION TO:		SUBSEQUE	NT REPORT OF:		
				ALTER		
PERFORM REMEBIAL WORK	PLUG AND	— 1	**************************************	PLU6	AND ABANGONMENT	
TEMPORABILY AGAMOON	Champs A		ST AND CEMENT JAB X		٠ ٦	
PULL OR ALTER CASING		ernca.				
ernee .		□			<u>·</u>	
17. Describe Proposed or Completed	Committee /Clearly state al	pertinent details, and gir	re pertinent dates, includi	ing extinated date of	starting any propos	
17. Describe Proposed of Completes work/ SEE RULE 1 (03.	Operations (Courty Courty	•				
				. // 50	01.0	
Spud 17-1/2" ho	le on 8-31-85. Set	13-3/8", K55 ST	Cat 406'. Cemer	ited W/43U SX	ment	
Circulate to su	le on 8-31-85. Set rface. Tested csg	. to 300 & 1500#	- OK. Walted 3	o nours on ce C. Circulate	d to	
	rface. Tested csg g. Set 8-5/8" K55 ed csg. to 1500 psi					
surface. Teste	id csg. Lo 1500 psi	O. Waller				
	•		•			
	•					
	•			•		
		•				
	•	•	•			
•						
		•				
		and the best of bear	ledge and belief.			
18. I hereby certify that the informa-	Nion above is true and comple)	era ro rua naor ar mi Juan	- -	_		
man a 1 4	internal	Unit He	ead	DATE_OC	t. 9, 1985	
SIGNED AND AND AND	The state of the s					
ORIGINAL SIGN	ED BY JERRY SEXTON			DCT	1 1 1985	
DISTRICT	I I SUPERVISOR	TITLE		•^*** <u>~</u>		

HOERS OFFICE