

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Exxon Corporation Attn: Permits Supervisor		8. Farm or Lease Name South Four Lakes Unit 1
3. Address of Operator P. O. Box 1600, Midland, TX 79702		9. Well No. 8
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>12S</u> RANGE <u>34E</u> SMPM.		10. Field and Pool, or Widest Four Lakes Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 4148 GR		12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Add pay and stimulate

9/23/87 Perforate Devonian at 12,658-12,632 and 12,624-12,613.2 shots/ft.

9/25/87 Acidized old and new pay with 4000 gal of 15% HCL.

9/26-9/28 Swab test.

9/29/87 PWOP.

9/30-10/19 Pump test.

10/19/87 24 hr pump test 14 BO, 55 BW, 136 KCF.

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

David A. Murray

SIGNED David A. Murray TITLE Permits Supervisor DATE 10-22-87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE OCT 26 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 26 1987

OCD
HOBBS OFFICE