

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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

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 checked="" type="checkbox"/> OTHER - <u>SALT WATER DISPOSAL WELL</u>		7. Unit Agreement Name
2. Name of Operator <u>EXXON CORPORATION</u>		8. Farm or Lease Name <u>H. A TOWNSEND AC-2</u>
3. Address of Operator <u>P.O. Box 1600, MIDLAND, TEXAS 79102</u>		9. Well No. <u>6</u>
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>9</u> TOWNSHIP <u>16S</u> RANGE <u>35E</u> NMPM.		10. Field and Pool, or Whdeat <u>TOWNSEND PERMO UPPER PENN</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4014 GR</u>		12. County <u>LEA</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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 1103.

1. RUN 1 1/2" SINKER BAR TO CHECK PBTD.
2. RIG UP COIL T BG UNIT RUN HOLE TO 10359'.
3. ACIDIZE PERFS 10201-10359 4/4000 GAL INHIBITED 15% NE-FE HCL.
4. PUT WELL ON DISPOSAL.

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

SIGNED J. A. Lowe TITLE SR. ADMIN. DATE 1-26-84

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR

TITLE _____

DATE JAN 30 1984

CONDITIONS OF APPROVAL, IF ANY:

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JAN 30 1984
G. C. C.
HOBBS OFFICE