STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 ☐ Fee ☒
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. OIL WELL ☒ GAS WELL ☐ OTHER-
7. Unit Agreement Name
2. Name of Operator: EXXON CORPORATION
8. Farm or Lease Name: A/C 2 HULDA A TOWNSEND
3. Address of Operator: P.O. Box 1600, MIDLAND, TEXAS 79702
9. Well No.: 9
4. Location of Well: UNIT LETTER M, 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 9, TOWNSHIP 16-S, RANGE 35-E, NMPM.
10. Field and Pool, or Wildcat: TOWNSEND PERMO UPPER PENN
15. Elevation (Show whether DF, RT, GR, etc.): 4032 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		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. PULLED RODS AND TUBING.
2. PERF 5½" CSG 10150-10316 W/55 SHOTS.
3. SET BP AT 10395'; PACKER AT 10082'; TESTED PLUG TO 1000# HELD OK.
4. BROKE PERFS 10150-10316' W/206 BBLS 3% KCL 2000# MP - 1400# AP.
5. ACIDIZE PERFS 10150-10316 W/5500 GAL 15% NEHCL.
6. PLACED WELL ON PUMP - 24 HR PT PRODUCED 84 BO PLUS 32 BW.

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

SIGNED D. F. Lowe TITLE SR ADMIN DATE 4-3-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 9 1984

CONDITIONS OF APPROVAL, IF ANY: