STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED
APR 16 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [ ] Fee [X]

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name
——

2. Name of Operator
Exxon Corporation

8. Farm or Lease Name
Hulda A. Townsend A/C 2

3. Address of Operator
P. O. Box 1600, Midland, TX 79702

9. Well No.
11

4. Location of Well
UNIT LETTER K , 1830 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 16S RANGE 35E NMPM.

10. Field and Pool, or Wildcat
Townsend-Permo Upper Pennsylvanian

15. Elevation (Show whether DF, RT, GR, etc.)
4015' GR

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 [XX]	
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.

3-24-84 Spud 17 1/2" hole @ 2300 hrs.

3-25-84 Drlg @ 455'. Set 11 jts 13 3/8"/61#/K-55 casing @ 454'. Cement w/350 sx Cl C. Circ. 77 sx to pit. WOC 24 1/2 hrs. before drill out. Test casing to 1000 psi for 30 min. Held OK.

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

SIGNED Melba Knipling TITLE Unit Head DATE 4-13-84

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE APR 20 1984

CONDITIONS OF APPROVAL, IF ANY: