

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

B-936

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator EXXON CORPORATION	8. Farm or Lease Name NEW MEXICO "BO" STATE
3. Address of Operator Box 1600, MIDLAND, TEXAS 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>12</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat VACUUM ABO REEF
15. Elevation (Show whether DF, RT, GR, etc.) 3984	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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMERCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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 1103.

- PULL RODS AND TUBING.
- SET BP AT 8520'
- PERF FROM 8410-8510 W/45 SHOTS.
- ACIDIZE W/6000 GAL INHIBITED 15% NEHCL.
- PULL BRIDGE PLUG.
- PLACE WELL ON PRODUCTION.

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

SIGNED J. F. Lowe TITLE SR. ADMIN DATE 9-20-83

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 26 1983