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LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-936</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>NEW MEXICO "BO" STATE</b>	
9. Well No. <b>1</b>	
10. Field and Pool, or Wildcat <b>VACUUM ABO REEF</b>	
12. County <b>Lea</b>	

## 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
**Exxon Corporation**

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

4. Location of Well

UNIT LETTER **H** **1980** FEET FROM THE **N** LINE AND **660** FEET FROM  
THE **E** LINE, SECTION **12** TOWNSHIP **18-5** RANGE **35-E** NMPM.

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

**3989 D.F.**

16. 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE 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"/>	OTHER <b>CSG LEAK SURVEY</b> <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.

- Clean out cellar to surface casing.
- Install bleeder line from **13 3/8"** surface casing to above ground level with control valve at surface.
- Install bleeder line from **9 5/8"** intermediate casing to above ground level with control valve at surface.

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

SIGNED **D L Clemma** TITLE Unit Head DATE **2-3-77**

Orig. Signed by **Les Clemma** DATE **FEB 17 1977**

APPROVED BY **Les Clemma** TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: