

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>B-936</u>	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <u>EXXON CORPORATION</u>	8. Form or Lease Name <u>NEW MEXICO BO STATE</u>
3. Address of Operator <u>Box 1600, MIDLAND, TEXAS 79702</u>	9. Well No. <u>3</u>
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>2302</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 Whicat <u>VACUUM ABQ REEF</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3995 DF</u>	12. County <u>LEA</u>

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"/>	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 <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.

1. PULL PRODUCTION EQUIPMENT.
2. SET BP AT 8680±. PACKER SET AT 8575'
3. PERF 4 1/2" QSG 8590-8650 W/36 SHOTS.
4. ACIDIZE PERF 8590-8650 W/6000 GAL INHIBITED 15% NEHCLACID.
5. RUN PRODUCTION EQUIPMENT.
6. 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 L. H. Lowe TITLE Sr. Admin DATE 9-23-83

APPROVED BY ORIGINAL SIGNED BY JERRY BEXTON
DISTRICT SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE SEP 28 1983