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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  Fee

5. State Oil & Gas Lease No.  
**E-818**

7. Unit Agreement Name

8. Farm or Lease Name  
**NEW MEXICO BP STATE**

9. Well No.  
**2**

10. Field and Pool, or Wildcat  
**VACUUM A B O REEF**

12. County  
**Lea**

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 **N** **910** FEET FROM THE **S** LINE AND **1717** FEET FROM  
THE **W** LINE, SECTION **7** TOWNSHIP **18-S** RANGE **35-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3972 D.F**

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 **8 7/8"** 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. Clements** TITLE **Unit Head** DATE **2-3-77**

APPROVED BY **D. L. Clements** TITLE \_\_\_\_\_

**FEB 17 1977**

CONDITIONS OF APPROVAL, IF ANY: