

COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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. <u>E-818</u>	
7. Unit Agreement Name	
8. Farm or Lease Name <u>NEW MEXICO BP STATE</u>	
9. Well No. <u>2</u>	
10. Field and Pool, or Wildcat <u>VACUUM A B O REEF</u>	
12. County <u>Lea</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.)

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.)
3912 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 <u>CSG LEAK SURVEY</u> <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 [Signature] TITLE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

FEB 17 1977