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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>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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <u>Exxon Corporation</u>		8. Farm or Lease Name <u>NEW MEXICO "BO" STATE</u>
3. Address of Operator <u>P.O. Box 1600, Midland, Texas 79702</u>		9. Well No. <u>7</u>
4. Location of Well UNIT LETTER <u>A</u> <u>994</u> FEET FROM THE <u>N</u> LINE AND <u>330</u> FEET FROM THE <u>E</u> LINE, SECTION <u>12</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.		10. Field and Pool, or Wildcat <u>VACUUM ABOREAL</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3982 D.F.</u>		12. County <u>Lea</u>

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 JOB <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 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 <u>[Signature]</u>	TITLE <u>Unit Head</u>	DATE <u>2-3-77</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		