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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. <u>B-936</u>	
7. Unit Agreement Name	
8. Farm or Lease Name <u>NEWMEXICO 'BO' STATE</u>	
9. Well No. <u>8</u>	
10. Field and Pool, or Wildcat <u>VACUUM ABOVE 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.)

1. ☒ 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 B, 990 FEET FROM THE N LINE AND 1648 FEET FROM
THE E LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3995 D.E

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
<input type="checkbox"/> 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>

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 J L Clemmer TITLE Unit Head DATE 2-3-77

APPROVED BY _____ TITLE _____ DATE FEB 17 1977

CONDITIONS OF APPROVAL, IF ANY: