

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.<br>E-8181    |                              |

**SUNDARY 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-   |  | 7. Unit Agreement Name<br>--                        |
| 2. Name of Operator<br>Exxon Corporation  |  | 8. Farm or Lease Name<br>New Mexico BP State        |
| 3. Address of Operator<br>P. O. Box 1600, Midland, TX 79702   |  | 9. Well No.<br>3                                    |
| 4. Location of Well<br>UNIT LETTER <u>K</u> <u>2275</u> FEET FROM THE <u>South</u> LINE AND <u>1969</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>18S</u> RANGE <u>35E</u> N.M.P.M. |  | 10. Field and Pool, or Whidcat<br>Vacuum - Abo Reef |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br>3968' GR   |  | 12. County<br>Lea                                   |

16. 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 OPER. <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 checked="" 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.

6-23-84 Set 214 jts of 5-1/2" /14, 17#/ K55 csg. @ 9014' in 7-7/8" hole,  
DV tool @ 6986'. Cement 1st stage w/ 689 sx ClH, 2nd stage w/1696  
sx ClC. WOC approximately 63½ hrs. before beginning completion work.  
Test casing to 2000 psi for 30 min. Held OK

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Melba Knippling TITLE Unit Head DATE 6-29-84  
ORIGINAL SIGNED BY JOHN DIXON  
DISTRICT SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 10 1984  
CONDITIONS OF APPROVAL, IF ANY: