

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Farm or Lease Name Samuel E. Cain
3. Address of Operator P. O. Box 1600, Midland, TX 79702		9. Well No. 5
4. Location of Well UNIT LETTER <u>P</u> <u>780</u> FEET FROM THE <u>South</u> LINE AND <u>780</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>18S</u> RANGE <u>38E</u> NMPM.		10. Field and Pool, or Wildcat Undes. East Hobbs
15. Elevation (Show whether DF, RT, GR, etc.) 3617.4 GR		12. County 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 checked="" 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 <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.

Change total depth from: 6600'

to: 6800'

This well will be completed in the Clearfork formation.

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

SIGNED Mace Trisling TITLE Unit Head DATE 12-11-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DATE DEC 13 1984
CONDITIONS OF APPROVAL, IF ANY: