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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 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator EXXON CORPORATION	8. Farm or Lease Name CHARLES S. ALVES
3. Address of Operator P.O. BOX 1600, MIDLAND, TEXAS 79701	9. Well No. 2
4. Location of Well UNIT LETTER C, 520 FEET FROM THE NORTH LINE AND 2120 FEET FROM THE WEST LINE, SECTION 7 TOWNSHIP 19-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat SCHARB BONE SPRINGS
15. Elevation (Show whether DF, RT, GR, etc.) 3906 RDB	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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER PERFORATE + STIMULATE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1703.

REPERFORATE AND RESTIMULATE BOTH UPPER AND LOWER ZONES. FOLLOWING WORKOVER IN 2-74 WELL MADE 47 BBLs, NORMAL PRODUCTION SHOULD BE 190+ BBLs PER DAY.

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

SIGNED [Signature] TITLE UNIT HEAD DATE 5-13-74

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: