	Les Clements	TITLE	DATE
	Ods. Sixes by		LERT (101,
SIGNED S & Ule	mmh	Unit Head	DATE 2-3-77
18. I hereby certify that the informa	tion above is true and compl	ete to the best of my knowledge and belief	.
•	. •		
,	•		
•			•
7 10 17 151	THE DISTRICT	CH- CHAIN	· · · · · · · · · · · · · · · · · · ·
•		CASING IN THE	s WELL
2. Install bleed control valve	er line from 8	surrace casing t	o above ground level with
			en above ground lovel seith
•	lar to surface ca	sing.	
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state a	ll pertinent details, and give pertinent date	es, including estimated date of starting any proposed
GTHER			
PULL OR ALTER CASING	CHANGE F	CASING TEST AND CEMENT.	LEAK SURVEY
TEMPORATILY ABANDON	PLUG AND	COMMENCE DRILLING OPHS.	H
		ABANDON REMEDIAL WORK	ALTERING CASING
	k Appropriate Box To INTENTION TO:	Indicate Nature of Notice, Rep	oort or Other Data SEQUENT REPORT OF:
		3946 D.F	Lea ())))))
	15. Elevation	(Show whether DF, RT, GR, etc.)	12. County
THEELINE, SEC	TION 28 TOWN:	SHIP 17-5 RANGE 35-E	
UNIT LETTER	330 FEET FROM THE		FEET FROM VACHUM GLOKIETA
P.O. Box 1600, Mic			10. Field and Pool, or Wildcat
Address of Operator			9. Well No.
. Name of Operator Exxon Corporation			8. Form or Lease Name NEW MEXICO K 5747
OIL TO GAS WELL	OTHER-		
DO NOT USE THIS FORM FOR I	PROPOSALS TO DRILL OR TO DEI	PURISONN WELLS EPEN OR PLUG BACK TO A DIFFERENT RESERVE C-101) FOR SUCH PROPOSALS.)	7, Unit Agreement Name
CLINIC	DRY NOTICES AND RE	PORTS ON WELLS	111111111111111111111111111111111111111
AND OFFICE			5. State Cil & Gas Lease No.
.s.g.s.			State Fee
LE			•
DISTRIBUTION TA FE	NEW MEXIC	O OIL CONSERVATION COMMISSION	C-102 and C-103
. OF UPIES RECEIVED	11.	•	Form C-103 Supersedes Old