

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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| OPERATOR               |  |

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| A-4096                                    |                              |

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 <input type="checkbox"/>                                                                                         | 7. Unit Agreement Name                               |
| 2. Name of Operator<br>EXXON CORPORATION                                                                                                                                                                 | 8. Farm or Lease Name<br>NEW MEXICO "DD" STATE       |
| 3. Address of Operator<br>P.O. Box 1600, MIDLAND, TEXAS 79702                                                                                                                                            | 9. Well No.<br>6                                     |
| 4. Location of Well<br>UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>EAST</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>35-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>SCHARB BONE SPRING |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3923 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 checked="" 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 JOBS <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.

NAIRN, POH W/PUMP & RODS 11-21-85. SET CIBP @ 9196, 35' CNT, 11-28-85.  
PERF 5 1/2" CSG 8515-8464, 96 SHOTS, 11-23-85. PERF 5 1/2" CSC 8420-8150,  
172 SHOTS, 11-24-85. ACQZ PERFS 4/2520 GALS 15% HCL, 11-26-85.  
ACQZ PERFS 8515-8395 4/2400 GALS. 15% HCL, 11-27-85. ACQZ PERFS,  
8190-8150 4/4100 GALS. 15% HCL.  
POH W/PKR, SET CIBP @ 8080, CAP 4/35' CNT, TEMP. ABAND. 12-4-85.

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

SIGNED Charles E. Holtkamp TITLE SR. ACCTG. SPEC. DATE 1-17-86

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 23 1986

CONDITIONS OF APPROVAL, IF ANY:

12 1986

JAN 22 1986

U.S. DEPT. OF JUSTICE  
HOMES OFFICE