

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

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 ☐Fee ☒

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator EXXON CORPORATION	8. Farm or Lease Name F.F. HARDISON "B"
3. Address of Operator P.O. BOX 1600, MIDLAND, TEXAS 79701	9. Well No. 5
4. Location of Well UNIT LETTER <u>0</u> <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>27</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.) DF 3395	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER PERF & FRAC ADDITIONAL DRINKARD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

PROCEDURE: KILL WELL W/BRINE AND PULL PRODUCTION EQUIPMENT. RUN GR/N LOG AND COLLAR LOCATOR FROM 6573' PBD TO 3800'. PERFORATE THE INTERVALS PICKED BY GEOLOGIST WITH A JET CASING GUN. USE LUBRICATOR WHEN PERFORATING. RUN A RETRIEVABLE BRIDGE PLUG AND TREATING PACKER ON 2 7/8" WORKSTRING. A SUPPLEMENTAL PROCEDURE WILL BE PREPARED TO ACID FRAC THE NEWLY PERFORATED INTERVAL. BLOWOUT PREVENTER DESCRIPTION IS SHEAFER 39, MANUAL, DOUBLE RAM BOP W/3000# WORKING PRESSURE.

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

SIGNED

A. J. Clemmer

TITLE

UNIT HEAD

DATE

1-6-76

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: