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# 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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No. <b>B-935</b>
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## 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 - "A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input type="checkbox"/>	GAS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
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2. Name of Operator <b>EXXON CORPORATION</b>
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3. Address of Operator <b>Box 1600, MIDLAND, TEXAS 79701</b>
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4. Location of Well UNIT LETTER <b>G</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>26</b> TOWNSHIP <b>21-S</b> RANGE <b>36-E</b> NMPM.
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7. Unit Agreement Name
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8. Farm or Lease Name <b>NEW MEXICO "G" STATE</b>
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9. Well No. <b>4</b>
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10. Field and Pool, or Wildcat <b>EUMONT QUEEN (GAS)</b>
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15. Elevation (Show whether DF, RT, GR, etc.) <b>3,542' GR.</b>
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12. County <b>LEA</b>
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### 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

SEE PROCEDURE SHEET ATTACHED.

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

SIGNED <b>D.L. Clemmer, D.L. CLEMMER</b>	TITLE <b>UNIT HEAD</b>	DATE <b>3-2-76</b>
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APPROVED BY _____	TITLE _____	DATE _____
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CONDITIONS OF APPROVAL, IF ANY: