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NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	4	
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE	4	State X Fee
OPERATOR `		5, State Oil & Gas Lease No.
		B-935
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.		7. Unit Agreement Name
OIL GAS WELL X	OTHER-	
_ '	·	8, Farm or Lease Name
Exxon Corporation 3. Address of Operator		N. M. "G" State
P. O. Box 1600, Midland, Texas 79701		9. Well No.
4. Location of Well	dland, lexas /9/01	4
	•••	10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE North LINE AND 1980 FEET FF	Eumont Gas
THE East LINE, SECTI	ION 26 TOWNSHIP 21-S RANGE 36-E NM	PM: (
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
ÄHHIIIIIIIIIIIIII	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Lea
Check	Appropriate Box To Indicate Nature of Notice, Report or G	Other Data
		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON X	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	TEGO AND ABANDORMENT
	OTHER	Г
OTHER		<u> </u>
<ol> <li>Describe Proposed or Completed Or work) SEE RULE 1603.</li> </ol>	perations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
. 20.10, 522 1022 1103.		
This well ceased produ	uction during October, 1969. A workover during Dec	ember, 1970 failed to
wow ocasca produ		ompery 1770 randa to
	and the state of the second	
restore production, ar	nd the well has remained shut in. Remedial work or pl	ugging will be initiated
in 1976 after evaluati	ng recompletion potential to Queen Gas.	
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	EL	reres
	Eff	neres
	Eff	res 10/1/
	Ex	res 10/1/75
	Ex	res 10/1/75
	E	neres) 10/1/75
18. I hereby certify that the information		neres) 10/1/75
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	nures) 10/1/75
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information		NURLA) 10/1/75 DATE 10-24-74

CONDITIONS OF APPROVAL, IF ANY:

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