OF UPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA TE	NES MEXICO OIL C	ONSERVATION COMMISSION	Effective 1-1-65
FILE			5a. Indicate Type of Lease
U.S.G.S.			State 🔀 Fee 📗
LAND OFFICE			5. State Cil & Gas Lease No.
OPERATOR			B-935
	OTICES AND REPORTS		
USE "APPLICATION FO	R PERMIT - TPORM C-1017 FO		7. Unit Agreement Name
WELL PL	THER-		8. Form or Lease Name
2. Name of Operator	10.00		NEW MEXICO"G" STATE
EXXON CORPORAT	702		9. Well No.
O A P-V // OO 441D	, ALD TEXAS	79701	15
P.O. Box 1600, MID	2,000,000,000		10. Field and Pool, or Wildcat
J 198	O FEET FROM THE SOL	,TH LINE AND 1980	FEET FROM EUMONT VATES SKIEN RIVERS
THE EAST LINE, SECTION_	26 TOWNSHIP 3	1-5 RANGE 36-E	NMPM.
		ether DF, RT, GR, etc.)	12. County
		52 DF	LEA
16. Chall App		ate Nature of Notice, Repo	rt or Other Data
NOTICE OF INTE		subs	EQUENT REPORT OF:
NOTICE OF INTE	NITON 10.		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOI	• 🗀
		OTHER	
OTHER			
17 Describe Proposed or Completed Operat:	ions (Clearly state all pertine	nt details, and give pertinent dates	, including estimated date of starting any proposed
work) SEE RULE 1103.		- 200 d 101	RN TBG IN HOLE
215-76 MIRU C	SG PULLERS,	PLD RUS 4 100	21.11
7-15-76 MIRU CSG PULLERS, PLD ROS & TBC, RN TBC IN HOLE TO 3830'. SPOTTED 35 5xs CMT PLUG, WOC, TAGGED PLUG			
To 3830. Sparted 35 300			
AT 3556' LOADED HOLE WOO, TAGGED PLUC AT 2633; CMT PLUC AT 2800', WOC, TAGGED PLUC AT 2633; PULLED TBC TO 1500', SPOTTED 15 SX5 CMT PLUC,			
CMT PLUE AT 2800), STEED IS SXS CMT PLUE.			
PULLED TBC TO 1500, JPOILED TO			
PULLED TBC TO 1500, JPOITED TO SXS CONT WOC, TACCED PLUC AT 1330', SPOTTED 15 SXS CONT PLUC, WOC, TACCED PLUC AT 177', LD DV 23/8" TBC, PLUC, WOC, TACCED PLUC AT 177', LD DV 23/8" TBC,			
TACCES PLUC AT 177' LD ON 2 3/8 100			
PLUE, WOC, IA	GCEO PLOG		
INSTALLED DRY	HOLE MARKE	er = Frw	7-20-16
14.31 4.22 9 6 4 7			
18. I hereby certify that the information about	ove is true and complete to th	e best of my knowledge and belief.	
18. I hereby certify that the information and			7 37 7/
De L'Elm	WW TITI	· UNIT HEAL	DATE /-L/-/C
SIGNED			11 D 11 1278
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