

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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 <u>EXXON CORPORATION</u>	8. Farm or Lease Name <u>NEW MEXICO B STATE</u>
3. Address of Operator <u>Box 1600, MIDLAND, TEXAS 79702</u>	9. Well No. <u>8</u>
4. Location of Well UNIT LETTER <u>P</u> , <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>29</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat <u>ELMONT OIL</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3625</u>	12. County <u>LEA</u>

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.

1. PULL RODS AND TUBING.
2. CLEAN OUT TO 3085'.
3. FIRED 300 GRAIN STAINING SHOT FOLLOWED WITH A 500 GRAIN SHOT IN DH FROM 3799-3865'.
4. ACIDIZED DH 3799-3865' w/6600 GAL 15% NEHCL.
5. PLACED WELL ON PUMP.
6. TESTED WELL 6 DAYS - FINAL TEST 19 BD PLWS 16 BW.

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

SIGNED D. A. Louis TITLE SR. ADMIN. DATE 6-28-84

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE JUL - 6 1984

RECEIVED

JUL 5 - 1984

G.C.D.
HOBBS OF A