

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-935
7. Unit Agreement Name
8. Farm or Lease Name NEW MEXICO B STATE
9. Well No. 11
10. Field and Pool, or Wildcat EDMONT STATES SEVEN RIVERS QUEEN
12. County LEA

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"/>
2. Name of Operator EXXON CORPORATION
3. Address of Operator Box 1600, MIDLAND, TEXAS 79702
4. Location of Well UNIT LETTER M 660 FEET FROM THE SOUTH LINE AND 990 FEET FROM THE WEST LINE, SECTION 29 TOWNSHIP 21S RANGE 36-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3620' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1503.

- PULL RODS AND TUBING.
- CLEAN OUT FILL TO PBTD 3936' DRILL CNT TO 3960'.
- PERF 5 1/2" CSG 3800-3845', 3900-3950' w/2SPR.
- ACIDIZE PERFS 3750-3955' w/12936 GAL INHIBITED 15% NEFE HCL.
- SWAB TEST WELL.

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

SIGNED E. W. Seay TITLE S.R. ADMIN DATE 1-31-85

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE FEB 1 2 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 12 1985

CCO
HOBBS OFFICE