

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

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. Form or Lease Name NM "V" State	
9. Well No. 8	
10. Field and Pool, or Widest Blinebry-Drinkard	
15. Elevation (Show whether DF, RT, CR, etc.) RDB-3452	
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 GAS WELL OTHER

2. Name of Operator
Exxon Corporation Attn: Melba Knipling

3. Address of Operator
P. O. Box 1600, Midland, TX 79702

4. Location of Well
UNIT LETTER I 2100 FEET FROM THE S LINE AND 760 FEET FROM
THE E LINE, SECTION 10 TOWNSHIP 21S RANGE 37E RMPM.

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Add Pay <input checked="" type="checkbox"/>

DHC Blinebry & Drinkard

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 1702.

4-16-86 Cleaned out to TD.
4-22-86 Perforated 5680-6589 w/ 102 shots. Acidized 5680-6670 w/ 12,775 gals. 15% HCl. Tested.
4-26-86 Set 2 1/16" tbg. at 6653'.
5-9-86 Potential test: 30 BO and 28 BW in 24 hours.

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

SIGNED *Joshua Magness* TITLE Office Assistant DATE 6-4-86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 9 1986

CONDITIONS OF APPROVAL, IF ANY: