

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Farm or Lease Name John D. Knox
3. Address of Operator P. O. Box 1600, Midland, TX 79702		9. Well No. 10
4. Location of Well UNIT LETTER <u>G</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1752</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21</u> RANGE <u>36</u> N.M.P.M.		10. Field and Pool, or Wildcat Oil Center Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) 3588'		12. County Lea

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"/>	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 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 JOB <input type="checkbox"/>	OTHER <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 pump and rods. Hot oil well
2. Clean out if fill is encountered.
3. Run treating equipment to 5800'. Set PKR and pressure test annulus to 500 psi.
4. Acidize w/3000 gal inhibited 15% HCL - 5% pentafox
5. Inhibit w/200 bbl of 3% KCl wtr containing 2 drums of corexit 7647 and 16 gal corexit 8540.
6. Pull treating equipment and place on pump.

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

SIGNED J. A. L. L. TITLE Sr. Administrator DATE March 30, 1983

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 31 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 4 1983

C.S.O.
HOBBS OFFICE