

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

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. LG 3608	

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 type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator EXXON CORPORATION		8. Farm or Lease Name NEW MEXICO "DA" STATE
3. Address of Operator P.O. Box 1600, MIDLAND, TEXAS 79702		9. Well No. 1
4. Location of Well UNIT LETTER N 660 FEET FROM THE SOUTH LINE AND 1981 FEET FROM THE WEST LINE, SECTION 31 TOWNSHIP 21S RANGE 35E NMPM.		10. Field and Pool, or Wildcat EAST GRAMA RIDGE
15. Elevation (Show whether DF, RT, GR, etc.) 3690		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 1103.

1. PERFORATE FROM 12880-13082.
2. SWAB/FLOW TEST WELL.
3. ACIDIZE W/7000 GAL DOWELL'S INHIBITED 7 1/2% HCL.
4. SWAB WELL - STABILIZE FLOW RATE.
5. PLACE ON LINE.

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

SIGNED **J. L. K...** TITLE **S.P. ADMIN.** DATE **4-14-83**

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **APR 20 1983**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APR 18 1983
C.A.D.
HOMES OFFICE