## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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torics acceives	T			
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
CREMATOR				

ee. or torico acceives			TION DIVISI	ON	form C-103		
DISTRIBUTION SANTA FE	P. O. BOX 2088  SANTA FE, NEW MEXICO 87501			•	Revised 10-1-		
FILE		IR FE, NEV	MEXICO 8750	I			
U.S.G.S.					Sa. Indicate T		
LAND OFFICE					State X	Fee [_]	
OPERATOR	J				5. State Oil 6 B-934	Gas Lease No.	
			·		D-934	m	
SUND	RY NOTICES AND	REPORTS ON	WELLS	4 F B V A 4 B			
USE "APPLICA	TION FOR PERMIT -" (FOR	M C-101) FOR SU	H PROPOSALS.)				
an					7. Unit Agreen	ent Name	
WELL X WELL WELL	OTHER-			···· ,			
Name of Operator				6. Form or Lec	ise Name		
Exxon Corporation				New Mexic	o "S" State		
Address of Operator	•				9. Well No.		
Box 1600, Midland,	Texas 79702			•	104		
Location of Well		· · · · · · · · · · · · · · · · · · ·			10 Field and	kell s	
UNIT LETTER	1980	East	66	0	Grayburg	Kell 5	
UNIT LETTER	PEET PROM	THE	LIME AND	FEET PHOM	Tilling		
THE South LINE, SECT	2	22-S	37-	F	IIIIII		
THE LINE, SECT	TION TO	WHSHIP	RANGE	нмрм.			
	15. Elevation	on (Show whether	DF, RT, GR, etc.)		12. County		
		3363			Lea		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1		
	Appropriate Box	lo indicate N	lature of Notice,	=			
NOTICE OF	INTENTION TO:			SUBSEQUENT	REPORT OF	F:	
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ERFORM REMEDIAL WORK X	PLU6 A	MO ABANDON	REMEDIAL WORK		ALT	ERING CASING	
EMPORARILY ASANDON			COMMENCE DRILLING	PHS	PLU	S AND AIBANDONMENT	
ULL OR ALTER CASING	CHANG	E PLANS	CASING TEST AND CEM	ADL THE			
			OTHER	.· <u>-</u> .		[	
OTHER '			,				
		•	<u> </u>				
. Describe Proposed or Completed (	Operations (Clearly state	all pertinent det	ails, and give pertinent	dates, including	estimated date of	of starting any proposi	
•	**	11				<b>A</b>	
C-103 dated 9-18-80 inc	dicating this w	ell to BEP	A was submitte	ed in error	. Well wa	s not P&W.	
1 91	mm 2015 #						
1. Clean out to	•	0 1 15	7/				
2. Acidize PERF							
3. FRAC PERF w/3		F4PSD and	22,000# of FLA	100, 1/0,0	000# of 20-	40 sand and	
12,000# of 10			•				
4. Pull Treating	Equipment and	place on P	rod.				
·	•						
				•			
					•		
		-				,	
I hereby certify that the information	n shove is tope and come	olete to the hear	of my knowledge and he	lief.			
. I mereby certify that the intomation	" -no 19 find gird com		and the second of the period of				
λ ( <sub>1</sub> ) S					_		
MED_ () T & ALK		TITLE	Sr. Admin.		DATE	<u> 25 -81</u>	
The State of the S							
ROYED BY		TITLE	····		DATE	· .	
INDITIONS OF APPROVAL, IF AN	Y:						