

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

JIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION	5. State Oil & Gas Lease No.
3. Address of Operator Box 1600, MIDLAND, TEXAS 79702	7. Unit Agreement Name
4. Location of Well UNIT LETTER M 800 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE EAST LINE. SECTION 2 TOWNSHIP 22-S RANGE 37-E NMPM.	8. Farm or Lease Name NEW MEXICO'S STATE
	9. Well No. 22
	10. Field and Pool, or Wildcat BLINEBRY DIL
15. Elevation (Show whether DF, RT, GR, etc.) 3382	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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. SWABBED WELL 6-DAY REC 164 BD.
2. ACIDIZED PERFS 5782-5795' W/1500 GAL 9D-10 ACID
3. SWAB 9-DAYS REC 282 BD PLUS 61 BW.

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

SIGNED J. F. Lorne TITLE SR. ADMIN. DATE 1-9-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 18 1985