

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL 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. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Exxon Corporation	5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 1600, Midland, Texas 79702	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>I</u> <u>1880</u> FEET FROM THE <u>South</u> LINE AND <u>760</u> FEET FROM THE <u>East</u> LINE, SECTION <u>9</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.	8. Farm or Lease Name J. L. Greenwood
	9. Well No. 11
	10. Field and Pool, or WHdcat Drinkard & Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) DF 3427	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 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <u>Add pay & down hole comingle</u> <input checked="" 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.

Remove pkr and drill out CIBP @ 6550'
TIH to 6900' and circ. hole clean
Log well and perforate in Blinebry & Drinkard zones
Test casing and tubing, if tested OK, acidize both zones with inhibited 15% HCL
Put well on pump

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

SIGNED David A. Murray TITLE Permits Supervisor DATE 3-20-87
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE MAR 24 1987
CONDITIONS OF APPROVAL, IF ANY: