

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 ☐ Fee ☒

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Exxon Corporation	8. Farm or Lease Name J.L. Greenwood
3. Address of Operator Box 1600 Midland, TX 79702	9. Well No. 13
4. Location of Well UNIT LETTER <u>L</u> 1980 FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool or Wildcat Undesignated Brunson-Fusselman
15. Elevation (Show whether DF, RT, GR, etc.) 3414 DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPERATIONS ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Workover - Recompletion ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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. Killed well - pulled prod. equipment.
2. Drilled cmt. and cleaned out hole to 7300'.
3. Perforated 5 1/2" csg. 7208-7224' w/ 1 SPF.
4. Ran tbg. and set pkr. at 7167'. Acidized 7208-7224' w/2000 gals. 15% HCl acid. Acid frac. 7208-7224 w/ 6600 gal. gelled 2% KCl wtr. and 7000 gal. acid.
5. Place well on pump, test well 4 days - on potential well produced 8 bbls. oi plus 32 BW, gas 6 MCF.

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

SIGNED D. H. Lowe TITLE Sr. Administrator DATE 1-27-81
APPROVED BY [Signature] TITLE DATE FEB 5 1981
CONDITIONS OF APPROVAL, IF ANY: