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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER
2. Name of Operator: Exxon Corporation
3. Address of Operator: Box 1600, Midland, Texas 79701
4. Location of Well: UNIT LETTER D, 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 11, TOWNSHIP 22-S, RANGE 37-E NMPM.
7. Unit Agreement Name: Paddock
8. Farm or Lease Name: Paddock Unit
9. Well No.: 54
10. Field and Pool, or Wildcat: Paddock
15. Elevation (Show whether DF, RT, GK, etc.): 3378 DF
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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER CASING TEST AND CEMENT JOB OTHER

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.

Well was shut-in during June 1975 due to low production. Future disposition will be dependent upon results of pilot waterflood which is now in progress. Evaluation of pilot flood will be complete by year-end 1977.

"The condition of the well is such as to prevent damage to the producing zone, migration of hydrocarbons or water, the contamination of fresh water or other natural resources, or the leakage of any substance at the surface".

Expiry 6/1/77 (2)

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

SIGNED A. Z. Clemons TITLE Unit Head DATE 5-25-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: