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# 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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 Paddock(San Angelo)Unit
3. Address of Operator P.O. Box 1600, Midland, Texas 79701	9. Well No. 97
4. Location of Well UNIT LETTER C , 660 FEET FROM THE N LINE AND 2080 FEET FROM THE W LINE, SECTION 14 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3356 GR	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"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

Well was shut in during 1968 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 1976.

*Expires*  
*10/11/75*

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Unit Head</u>	DATE <u>10-24-74</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE <u></u>	DATE <u></u>

CONDITIONS OF APPROVAL, IF ANY: