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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 checked="" type="checkbox"/> | Fed <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| 7. Unit Agreement Name                    |                              |
| 8. Farm or Lease Name                     |                              |
| Paddock Unit                              |                              |
| 9. Well No.                               |                              |
| 30  |                              |
| 10. Field and Pool, or Wildcat            |                              |
| Paddock                                   |                              |
| 12. County                                |                              |
| Lea                                       |                              |

**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 - 1" (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 79702

4. Location of Well  
UNIT LETTER J 1980 FEET FROM THE S LINE AND 1980 FEET FROM  
THE E LINE, SECTION 2 TOWNSHIP 22-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3353' GR

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 checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>                   |

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                 |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input checked="" 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 1103.

See Attached Procedure.

THE COMMISSION MUST BE NOTIFIED IN WRITING FOR THE PROPOSED WORK TO BE DONE. FAILURE TO DO SO WILL RESULT IN THE WORK BEING STOPPED.

Expires 10-1-79

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

SIGNED S. L. Clemmer TITLE Unit Head DATE 3-26-79

APPROVED BY Jerry Sexton Orig. Signed by Jerry Sexton TITLE Dist 1, Supv. DATE MAR 30 1979

CONDITIONS OF APPROVAL, IF ANY: