

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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 - 1 (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator <u>EXXON CORPORATION</u>	8. Farm or Lease Name <u>W. B. FERRELL</u>
3. Address of Operator <u>BOX 1600, MIDLAND, TEXAS 79702</u>	9. Well No. <u>2</u>
4. Location of well: UNIT LETTER <u>I</u> <u>2200</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>480</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>22</u> TOWNSHIP <u>22</u> RANGE <u>37</u> N.M.P.M.	10. Field and Pool, or Allucal <u>BLINEBRY-DRINKARD</u>
11. Elevation (Show whether DF, RT, GR, etc.) <u>3348</u>	12. County <u>LEA</u>

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 JOBS ☐	

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 W/100 BBL'S WTR. SET CIBP AT 5015' W/10 SX PLUG ON TOP OF CIBP
2. SPOT 20SX PLUG AT 2470. 20SX PLUG AT 1180'. 15 SX PLUG AT 124' TO SURFACE.
3. INSTALL DRY HOLE MARKER AS REQUIRED BY NMCC.
4. C-103 WILL BE FORWARDED WHEN LOCATION IS CLEANED AND LEVELLED
5. FRW 6-26-80

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

SIGNED Stephen A. Lane TITLE SR. ADMIN DATE 8-7-80

APPROVED BY E. J. [Signature] (AAP) TITLE OIL & GAS INSPECTOR DATE AUG 10 1983

CONDITIONS OF APPROVAL, IF ANY: