

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-934

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 NEW MEXICO "S" STATE
3. Address of Operator P.O. BOX 1600, MIDLAND, TEXAS 79701	9. Well No. 28
4. Location of Well UNIT LETTER F 2160 FEET FROM THE NORTH LINE AND 1800 FEET FROM THE WEST LINE, SECTION 2 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat WARTZ GR. WASH AND DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.) 3380 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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.

5-18-76, REACHED TD OF 7200'. RAN SUP-GR LOG, 7200 TO SURFACE.  
5-20-76 RAN 187 JTS. 7" CSG, SET @ 7198'. CEMENTED W/1050 SKS CLASS 'C' W/370 ECONOLITE (WT. 11.4#), TAILED WITH 500 SKS. CHEM-COM (14.8#). FP 1800 POB. FRR 5-20-76. WOC 18 HRS. MOVED RIC OFF LOCATION.

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

SIGNED DL Clemmer TITLE UNIT HEAD DATE 5-21-76

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: