

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 10-1-78

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
3. State Oil & Gas Lease No. V-0732	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Exxon Corporation Attn: David A. Murray		8. Form or Lease Name New Mexico "DL" State
3. Address of Operator P. O. Box 1600, Midland, TX 79702		9. Well No. 4
4. Location of Well UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2242</u> FEET FROM <u>2442</u> THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>23-S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Widest Cruz-Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3701'-GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input 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 type="checkbox"/>
CASING TEST AND CEMENT JOB <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 1708.

Exxon plans to drill out CIBP @ 5020' and clean out to PBTD @ 5221'.

2 7/8" tbg will be set with seating nipple @ 5075'. The well will then be returned to pump.

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

David A. Murray

SIGNED David A. Murray TITLE Permits Supervisor DATE 8-18-87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 21 1987

100-1-3 JUBS
HOBBS
OCD
AUG 20 1967
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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535