STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

we. or cortes acceives						
DISTRIBUTION						
SANTA FE						
FILE						
U.S.G.S.						
LAND OFFICE						
20504705		1				

OIL CONSERVATION DIVISION

DISTRIBUTION	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501				Form C-103 Revised 19-1-78		
FILE U.S.O.S.		•		1	Indicate Type	o of Lease	
DERATOR		•		5. 5		as Lease No.	
SUNDRY	NOTICES AND RE	PORTS ON	WELLS				
OO HOT USE THIS FORM FOR PROPOS USE "APPLICATION	FOR PERMIT -" (FORM C	PEN OR PLUG B	ACN TO A DIFFERENT RESERVOIS H PROPOSALS.)		Unit Agreemen	nt Name	
OIL XX GAS WELL	OTHER-						
2. Name of Operator Exxon Corporation					ew Mexico	o EF State	
3. Address of Operator			· · · · · · · · · · · · · · · · · · ·		Well No.		
P. O. Box 1600, Midland	i, Texas 79702				Flaid and Dr	ool, or Wildcat	
4. Location of Well M	990	S	LINE AND			Cruz-Delaware	
UNIT LETTER W	17	238					
THELINE, SECTION _	TOWNS	HIP	MANGE	— нмрм.			
		Show whether 7 GR	DF, RT, GR, etc.)	12.	County Lea		
ib. Check Ap	propriate Box To	Indicate N	ature of Notice, Repo	ort or Other	Data		
NOTICE OF INT				EQUENT RE		:	
PERFORM REMEDIAL WORK	PLUG AND	A-BANGON	REMEDIAL WORK		ALTE	RING CASING	
TEMPORARILY ASAHOON			COMMENCE ORILLING OPHS.	Д	PLUG	AND ABAHDONMENT	
PULL OR ALTER CASING	CHANGE P	LAME	CABING TEST AND CEMENT JO				
Extend Permit		X	OTACK				
17. Describe Proposed or Completed Open	ations (Clearly state al	l pertinent dete	zils, and give pertinent dates	, including esti	nated date of	starting any propose	
work) SEE RULE 1 (03.						·	
Please extend our permit for	r an additional	180 dayı	e Permit issued	4-17-84	Permit	evni res	
10-17-84.	. all additional	1 100 days	:	4-17-04.	rermre .	expiles	
	•						
			APPRO'	VAL VALID F	OR 180	DAYS	
	•		PERM	VAL VALID F	4/12	185	
•			UNL	ESS DRILLIN	G UNDERV	NAY.	
18. I hereby certify that the information at	sove is true and comple	te to the best	of my knowledge and belief.				
me holla Knip	ling	UI	nit Head		DATE	0-8-84	
Eddie W. Seay				· · · · · · · · · · · · · · · · · · ·	በቦገ	Г 1 0 1984	
APPROVED BY Oil & Gas Inspec	_	TITLE			DATE UU	1 1 0 100 1	
CONDITIONS OF APPROVAL, IF ANY	- *· •					-	

PECCIVED

OCT -9 1984

OKIS Riggs Office