

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
A-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 N.M. "A.B." STATE
3. Address of Operator BOX 1600, MIDLAND, TEXAS 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>16</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or WHdcat FOWLER ELLEN BURGER
15. Elevation (Show whether DF, RT, GR, etc.) 3280 D.F.	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 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 1703.

1. PULL HYDRAULIC PUMP AND STANDING VALVE.
2. CLEAN OUT TO PLUG BACK DEPTH.
3. ACIDIZE PERFS 10290-10316' W/3000 GAL INHIBITED 15%.
4. SWAB WELL- IF PRODUCTIVE- PLACE ON PUMP.

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

SIGNED S. H. Lowe TITLE SR. ADMIN. DATE 10-1-84

ORIGINAL SIGNED BY DEPT. SECRETARY  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT - 5 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT - 4 1984

O.C.D.  
HOBBS OFFICE