

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease  
State  Fee

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  GAS WELL  OTHER

2. Name of Operator  
**EXXON CORPORATION**

3. Address of Operator  
**P.O. BOX 1600, MIDLAND, TEXAS 79701**

4. Location of Well  
UNIT LETTER **H** **1400** FEET FROM THE **NORTH** LINE AND **510** FEET FROM  
THE **EAST** LINE, SECTION **16** TOWNSHIP **24-S** RANGE **37-E** NMPM.

7. Unit Agreement Name  
**-**

8. Firm or Lease Name  
**NEW MEXICO AB STATE**

9. Well No.  
**2**

10. Field and Pool, or Wildcat  
**FOWLER UPPER YESO**

15. Elevation (Show whether DF, RT, GR, etc.)  
**3284 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 <b>REPERFORATE</b> <input checked="" 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 1103.

**REPERFORATE IN UPPER PORTION OF UPPER YESO RESERVOIR. PRESENT COMPLETION 5283-5694. PROPOSED COMPLETION INTERVAL 5206-5694.**

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

SIGNED *[Signature]* TITLE **UNIT HEAD** DATE **1-31-73**

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE **FEB**

CONDITIONS OF APPROVAL, IF ANY: