

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-731

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 EF State
3. Address of Operator P. C. Box 1600, Midland, TX 79702	9. Well No. 2
4. Location of Well UNIT LETTER C 988 FEET FROM THE North LINE AND 1650 FEET FROM West LINE, SECTION 17 TOWNSHIP 23S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Undesig. Cruz-Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3717' GR	12. County Lea

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 checked="" type="checkbox"/> Extend Permit	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.

Please extend our permit for an additional 180 days. Permit issued 4-17-84.
Permit expired 10-17-84.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5/16/85
MAILED 10/17/84

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

SIGNED <u>Melba Kripling</u>	TITLE <u>Unit Head</u>	DATE <u>11-13-84</u>
(ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR)		
APPROVED BY _____	TITLE _____	DATE <u>NOV 16 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		