

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>3002506466</b>
3. Indicate Type of Lease STATE <input checked="" type="checkbox"/> PFE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-935</b>
7. Lease Name or Unit Agreement Name <b>NEW MEXICO V STATE</b>
8. Well No. <b>4</b>
9. Pool name or Wildcat <b>WANTZ - ABO</b>

**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" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
**EXXON CORPORATION**

3. Address of Operator  
**ATTN: REGULATORY AFFAIRS  
P. O. BOX 1600  
MIDLAND, TX 79702**

4. Well Location  
Unit Letter **N** **500** Feet From The **SOUTH** Line and **2080** Feet From The **WEST** Line  
Section **10** Township **21S** Range **37E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

### NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS

### SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER: **TEMPORARILY ABANDON**
- ALTERING CASING
- PLUG & ABANDONMENT

12. 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.

**02/23/94** RIH W/ CMT RETAINER, SET @ 6867, SQZ ABO FORMATION THRU RETAINER W/ 60 SX CLASS H CMT., STRUNG OUT OF RETAINER AND DUMPED 25' OF CMT ON TOP OF RETAINER

**02/24/94** TESTED CASING @ 500# DID NOT HOLD. LEAK DETERMINED TO BE OLD DRINKARD ZONE SQUEEZE (THIS ZONE SHELL WILL PRODUCE) VERBAL APPROVAL FORM NMODC ON TA. RIH W/ 1500' KILL STRING

*Shut in well*

~~This Approval of Temporary Abandonment Expires~~

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

SIGNATURE \_\_\_\_\_ TITLE Sr. Staff Office Assistant DATE 04/05/94

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for Signature)  
**ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **DEC 22 1995**

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_