Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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. 3D-025-04765
~~300-250-4760~~

5. Indicate Type of Lease
STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-935

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.)

7. Lease Name or Unit Agreement Name
NEW MEXICO "G" STATE

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
EXXON CORPORATION

8. Well No.
9

3. Address of Operator
P.O. BOX 1600 MIDLAND, TEXAS 79702

9. Pool name or Wildcat
EUMONT YATES 7RKRS GN (PRO GAS)

4. Well Location
Unit Letter G-8 : 1980 Feet From The FNL Line and 1980 Feet From The FEL Line

Section 23   Township 21S   Range 36E   NMPM   LEA County

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

11.
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [X]

CASING TEST AND CEMENT JOB [ ]

OTHER: _____ [ ]

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.

RIH W/ 2-3/8" TBG; TAG CIBP @ 2813'; SPOT 25 SXS CLASS "C" FROM 2813' TO 2631'; PUH TO 1428'; SPOT BL PLUG FROM 1428' TO 1246' (30 SXS); PERF @ 362'; CIRC CMT DOWN 5-1/2" & 5-1/2"X8-5/8 TO SURFACE.

DISPLACE HOLE W/ MLF BRINE 25# PER BBL.

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

SIGNATURE _____   TITLE AGENT   DATE 8-20-96

TYPE OR PRINT NAME JOEY FIELDS

TELEPHONE NO. (915)563-0430

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY