DEPARTMEN BUREAU OF L SUNDRY NOTICES  SUNDRY NOTICES  Do not use this form for p SUBMIT IN TRIPLICATE -  1. Type of Well Gas X Well Well Well  2. Name of Operator EXXONMOBIL CORPORATION  3a. Address P. O. BOX 4358, HOUSTON, TX 77210	Other instructions on a	MELDIV-Dist. 2 MELDIV-Dist. 2 MEGRAND Ave Sia, PRIME 8821	DISPOSAL	Budget Expire  5. Lease Serie  NM-01119  6. If Indian, A  7. If Unit or C  8. Well Name  YATES C FE  9. API Well N  30-015-245	Illottee or Tribe Name  A/Agreement, Name and/or No.  and No. DERAL 22	
4. Location of Well (Footage, Sec., T., R., M., or Survey Descrip 1557' FNL & 660' FWL				SWD; DELAW	IARE @ 4211	
SEC 04 T21S R 27E LOT 13				11. County or EDDY	Parish, State	
12. CHECK APPROPRIA	ATE BOX(ES) TO INDIC	ATE NATURE OF NOT	ICE, REPORT,	OR OTHER DA	ATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent  X Subsequent Report	Acidize  Alter Casing  Casing Repair	Deepen Fracture Treat New Construction	Reclamatio	Production (Start/Resume) Water Shut-Off  Reclamation Well Integrity  Recomplete X Other TA EXTENS		
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporari Water Disp	ly Abandon posal		
13. Describe Proposed or Coommpleted Operation (clearl If the proposal is to deepen directionally or recompleted Attach the Bond under which the work will be perfollowing completion of the involved operations. If testing has been completed. Final Abandonment No determined that the final site is ready for final inspection EXXONMOBIL CORPORATION REQESTS AN WELL IS BEING HELD FOR FUTURE UTI	lete horizontally, give subsurformed or provide the Bond the operation results in a motices shall be filed only aff.)  EXTENSION OF TENLITY IN POSSIBLE C	face locations and measure No. on file with BLM/BI altiple completion or recon ter all requirements, inclu- ing the property of the property IPORARY ABANDONME CO2 FLOOD.	d and true verti A. Required su apletion in a nev ling reclamation	cal depths of all bsequent reports w interval, a Fo , have been cor	pertinent markers and zones. shall be filed within 30 days rm 3160-4 shall be filed once npleted, and the operator has	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		Title				
EVEDYN BOUTTE'	, page	STAFF 0	FF. ASST.	****		
THE	SPACE FOR FEDER	Date 1/28/03	CE LISE			
Approved by (ORIG, SGD.) JOE (		Tout a	HAM Engin	D	ate of state	
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations thereon.	this notice does not warrar	nt or Office		in and in a	3/17/03	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)