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 88240

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

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

OIL CONSERVATION DIVISION
P 0. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
3001522007

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

6. State Oil & Gas Lease No.
L 324

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
HONDO STATE COM

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

8. Well No.
1

2. Name of Operator
EXXON CORPORATION

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

9. Pool name or Wildcat
WEST BURTON FLAT (ATOKA) GAS

4. Well Location

Unit Letter **E** : **1980** Feet From The **NORTH** Line and **660** Feet From The ~~EAST~~ *West* Line

Section **32**   Township **20S**   Range **28E**   NMPM   **EDDY** County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3227 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG & ABANDONMENT [ ]

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.

ADD ATOKA PERFS. APPROX. 10743'-10848', AC. APPROX. 1700 GAL. AND RETURN WELL TO PRODN. IN THE WEST BURTON FLAT (ATOKA) GAS POOL.

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

SIGNATURE _____   TITLE **Sr. Regulatory Specialist**   DATE **03/07/95**

TYPE OR PRINT NAME **Alex M. Correa**   **(915) 688-6782** TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

MAR 1 0 1995

APPROVED BY_____   TITLE_____   DATE_____

CONDITIONS OF APPROVAL, IF ANY: