

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-78

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OPERATOR	<input checked="" type="checkbox"/>

RECEIVED BY P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
DEC 26 1985
O. C. D.
ARTESIA, OFFICE

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-2860-2	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Form or Lease Name New Mexico ET State
3. Address of Operator P. O. Box 1600, Midland, Texas 79702		9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1799</u> FEET FROM THE <u>North</u> LINE AND <u>1865</u> FEET FROM <u>East</u> <u>36</u> LINE, SECTION <u>23S</u> TOWNSHIP <u>25E</u> RANGE <u>25E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat-Bone Spring
15. Elevation (Show whether DF, RT, GR, etc.) 3888' GR		12. County Eddy

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <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.

Exxon Corporation's drilling plans have changed and this well will not be drilled. The Form C-101 will be allowed to expire.

Post ID-2
1-10-86
Exp. Int.

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

SIGNED <u>[Signature]</u>	TITLE <u>Unit Head</u>	DATE <u>12-17-85</u>
Original Signed By <u>Les A. Clements</u>		
APPROVED BY <u>[Signature]</u>	TITLE <u>Supervisor District II</u>	DATE <u>DEC 31 1985</u>
CONDITIONS OF APPROVAL, IF ANY:		