

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

EXXONMOBIL CORPORATION

3a. Address

P. O. BOX 4358, HOUSTON, TX 77210

3b. Phone No. (include area code)

(713) 431-1446

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1557' FNL & 660' FWL
SEC 04 T21S R 27E

5. Lease Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

YATES C FEDERAL 22

9. API Well No.

30-015-24501

10. Field and Pool, or Exploratory Area

WS: DELAWARE @ 4211

11. County or Parish, State

EDDY NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other MIT: TA EXT. |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

EXXONMOBIL CORPORATION REQUESTS AN EXTENSION OF TEMPORARY ABANDONMENT STATUS FOR THE ABOVE WELL.
WELL IS BEING HELD FOR FUTURE UTILITY IN POSSIBLE CO2 FLOOD. ATTACHED IS MIT CHART FOR THIS WELL.

Approved For 12 Month Period

Ending 4/4/04

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

EVELYN BOUTTE

Title

OFF. ADM. ASST.

Date

4/15/03

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(JORG. S.S.D.) JOE G. LARA

Title

Petroleum Engineer

Date

5/28/03

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

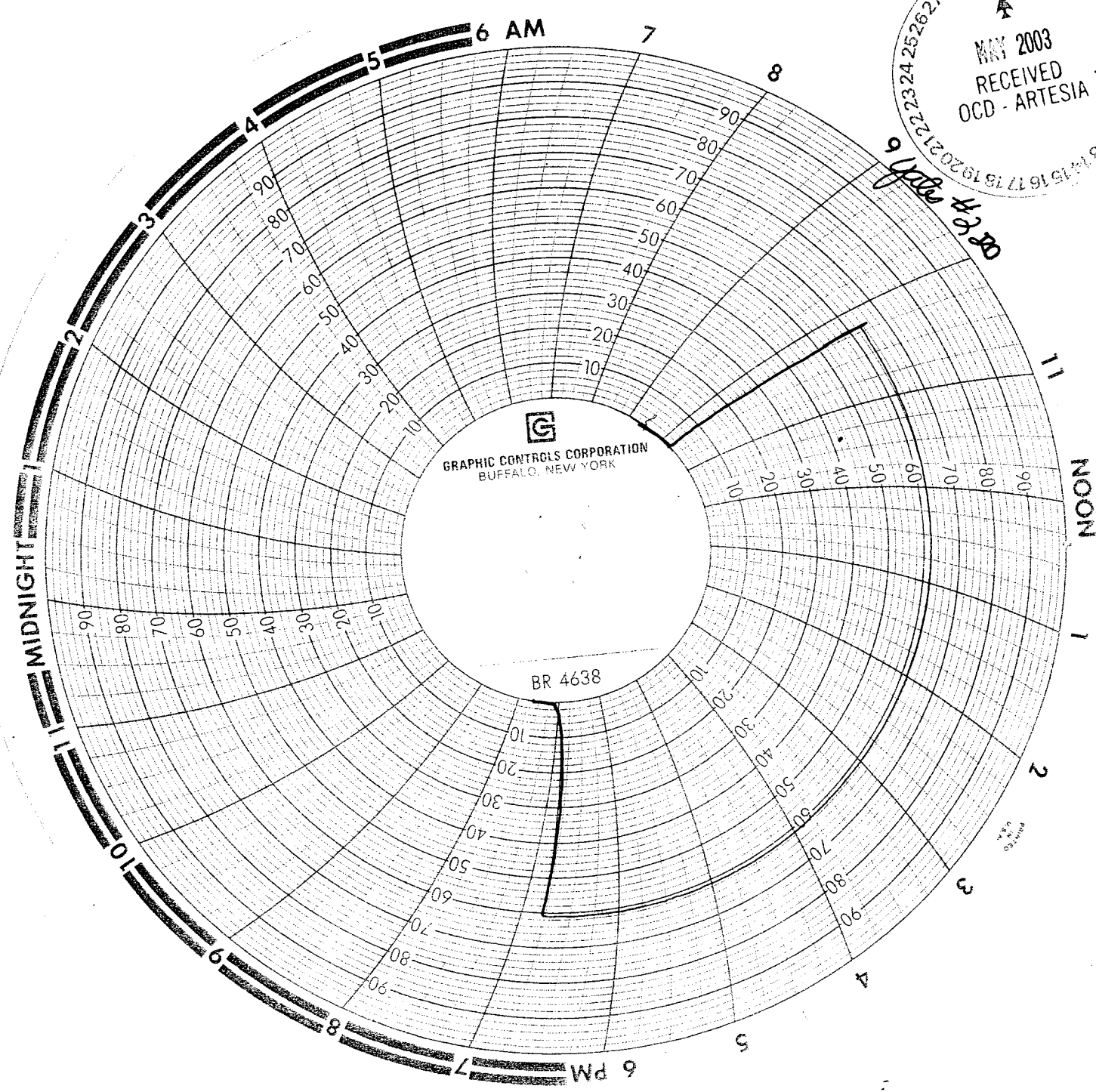
Office

CFO

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)

24 25 26 27 28 29 30 31 - 1 2 3 4 5
MAY 2003
RECEIVED
OCD - ARTESIA
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23



U.S. West

Injection / Disposal Test Results Russell / Seminole / New Mexico Areas

Permits

APR 14 2003

(please print clearly)

1. Lease Name & Well Number: Yates C Fed. #22
2. Date & Time Of Test: 4-4-03 9³⁰ A.M.
3. A. Was Test Witnessed by Agency Official: (Yes) or No
 B. If Yes Test Witnessed by: T.R.R.C. (N.M.O.C.D.) & / OR B.L.M.
 C. If Yes, Name of Rep(s): Gerry Gue (N.M.O.C.D.)
Terry Fields Key Energy
4. Test Pressure (psig): 630# start 610# finish

Time	Tubing	Production Casing	Intermediate Casing	Surface Casing
Initial				
15 Minutes				
30 Minutes		<input checked="" type="checkbox"/>		

5. A. Packer Type: _____
 B. Packer Setting Depth: _____

6. Has Injection Interval Changed AFTER Workover: (please circle one)
 Yes No
 From: _____
 To: _____

7. Reason For Test: (please circle on letter)
 A. After Workover
 B. First Test Prior to Injection (ie., conversion, drillwell)
 C. Annual Permit Requires
 D. 5 Year Test Required
(E) Other: T/A water source well

8. Well Status: (please circle one)
 Active Shut-In (T/A'd)

9. Comments: start time 9³⁰ A.M. 630# finish 10⁴⁰ A.M. 610#

10. Name of Person(s) Conducting Test: John A. Castilla-gonzalez

(please print name)
John A. Castilla-gonzalez
 (signature of person(s) conducting test)

Attach **ORIGINAL PRESSURE RECORDING CHART** (with ExxonMobil's representatives signature) to this form. Please, send by regular mail, Fed Ex, or Airborne within one (1) week after test is completed to:

MARY DOW
 Permitting Group, ExxonMobil Production U.S. West
 P.O. Box 4358
 Houston, Texas 77210-4358
 or
 ExxonMobil Production U.S. West
 396 West Greens Road
 Room #311
 Houston, Texas 77067
 Phone 713-431-1797 or Fax 713-431-1600