Submit 3 Copies to Appropriate S	of New Mexico
	Natural Resources Department Form C-103
DISTRICT II	VATION DIVISION Well API NO. 30-025-203060. Box 2088Well API NO. 30-025-20306
811 South First, Artesia NM 88210 DISTRICT III Santa Fe	w Mexico 87504-2088 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV	6. State Oil & Gas Lease No.
2040 South Pacheco, Sante Fe, NM 87505	FEE
SUNDRY NOTICES AND R. (DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "AP (FORM C-101) FOR SUC	OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" 7. Lease Name or Unit Agreement Name
1. Type of Well: Oil Well A Gas Well D	
2. Name of Operator	ther 8. Well No.
Exxon Mobil Corporation	11
3. Address of Operator P.O. Box 4358 Houston	9. Pool name or Wildcat TX 77210-4358 Oil Center;Blinebry
4. Well Location Unit Letter I : 2310 Feet From T	South Line and 330 Feet From The East Line
Section 10 Township 2	Range 36E NMPH Lea County
10. Elev 359'	(Show whether DR, RKB, RT, GR, etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT JOB CASING TEST AND CEMENT JOB 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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion) 12. Describe proposed for our current temporary abandon status. This well is a candidate for a recompletion to another pool. An MIT was performed on 3-28-05 and witnessed by NMOCD rep Johnny Robinson. This Approval of Temporary Stas/ID Abandonment Expires Stas/ID Abandonment Expires Stas/ID	
I hereby certify that the information above is true and complete to the best of my know SIGNATURE	TITLE Staff Office Assistant DATE 04/07/2005
TYPE OR PRINT NAME Tiffany A. Stebbins	TELEPHONE NO. (281) 654-1936
(This space for State Use)	
APPROVED BY HOUSE APPROVAL IF ATY:	OC FREED REPRESENTATIVE II/STAFF MANAGER

