| Submit 1 Copy To Appropriate District Office District I - (575) 393-6161 Energy, Minerals and Natural Resources State of New Mexico Energy, Minerals and Natural Resources CONSERVATION DIVISION District III - (505) 334-6178 District IV - (505) 476-3460 District IV - (505) 476-3 | WELL API NO. 30-025-10135 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. |
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| 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. Type of Well: Oil Well Gas Well Other 2. Name of Operator Exxon Mobil Corporation 3. Address of Operator P O Box 4358: CORP-MI203, Houston, TX. 77210-4358 4. Well Location | 7. Lease Name or Unit Agreement Name J L Greenwood 8. Well Number 14 9. OGRID Number 07673 10. Pool name or Wildcat Paddock |
| Unit Letter L: 1905 feet from the S line and Section 09 Township 22S Range 11. Elevation (Show whether DR, RKB, RT, GR 3417' RKB | 990 feet from the W line 37E NMPM County Lea 2, etc.) |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. | |
| Operator performed NMOCD witnessed MIT on 11/17/2011. This Approach Abandonm Current TA status expires on 12/22/2011. | oval of Temporary nent Expires <u>11-17-2014</u> |
| Operator requests TA status to be extended for 3 years to 12/22/2014. Spud Date: Rig Release Date: | |
| 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 11/29/2011 | |
| Type or print name Lynn R, Neely For State Use Only APPROVED BY TITLE STAFF DATE Zel-654-1949 Conditions of Approval (if any): | |

