Submit 3 Copies to Appropriate District Office Er	State of New Mex nergy, Minerals and Natural Res			Form C-103
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-02125	Revised March 25, 1999
			5. Indicate Type of Lease STA	
			6. State Oil & Gas Lease No. 8015	
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 Bridges State	
1. Type of Well: Oil Well Well Other				
2. Name of Operator Exxon Mobil Corporation			8. Well No. 35	
3. Address of Operator P.O. Box 4358			9. Pool name or Wildcat	
Houston TX 77210-4358		Vacuum; Grayburg-San Andres		
Unit Letter K : 1980 Feet From The south Line and 1980 Feet From The west Line				
Section 26	Township 17S	U	NMPH	Lea County
	10. Elevation (Show whether GL 4032	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 PLUG & CASING TEST AND CEMENT JOB   0THER: OTHER: OTHER: Image: Completed operations. (Clearly state all pertinent datas, and give pertinent dates, including estimated date of starting env. proposed work) SEE RULE 103. (For Multiple Completions: Attach welloor diagram of proposed commercompletion or recompletion Image: Complete completion or recompletion or recompleti				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE O. Howard TITLE Sr. Regulatory Specialist				
TYPE OR PRINT NAME Dolores O. Howa			TELEPHONE NO. (2	
(This space for State Use) APPROVED BY How Willie OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 1 6 2003 DATE OCT 1 6 2003				