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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Farm or Lease Name James M. Warnica
3. Address of Operator P. O. Box 1600, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER "O" 1,980 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE, SECTION 30 TOWNSHIP 3-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4,299' GR		12. County Roosevelt

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Drilled 7-7/8" hole to a total depth of 8,290'. We propose to plug and abandon as follows:

Plug No.	Sacks	Type	Plug From	To
1	45	Class "H"	7,960'	8,060'
2	45	Class "H"	7,139'	7,239'
3	45	Class "H"	6,806'	6,906'
4	70	Class "H"	3,945'	4,080'
5	10	Class "H"	35'	3'

Place 10.4# mud laden fluid between plugs. No casing to be pulled. Cut off casing 3' below ground level, install dry hole marker and clean pit.

Verbal approval received from N.M.O.C.C. prior to actual P&A.

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

SIGNED D. L. Clemmer TITLE Proration Specialist DATE 1-21-74

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____