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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. A-1320

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 ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Exxon Corporation	8. Farm or Lease Name New Mexico CX State
3. Address of Operator P. O. Box 1600, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>N</u> LINE AND <u>660</u> FEET FROM THE <u>W</u> LINE, SECTION <u>33</u> TOWNSHIP <u>16S</u> RANGE <u>35E</u> N.M.P.M.	10. Field and Pool, or Wildcat Shoe Bar Atoka & Shoe Bar Morrow
11. Elevation (Show whether DF, RT, GR, etc.) Later	12. County Lea

16. 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 OPS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER ☐

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.

- Spudded 17 1/2" hole at 12 AM, 3-5-80.
- Drilled 17 1/2" hole to 470'.
- Ran 11 jts (449') 13 3/8" 61# K-55 csg, set at 470'.
- Cmt w/500' sx Class C (2% Cacl 2), 240 sx circ to surface. POB 9:15 PM, 3-6-80. WOC 18 3/4 hrs.
- Surface csg not tested due to using rotating head for diverter as discussed with Jerry Sexton, NMOCC.
- Drilled plug at 4 PM, 3-7-80.
- Drilling.

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

SIGNED <u>C. J. Jackson</u>	TITLE <u>Unit Head</u>	DATE <u>3-27-80</u>
Orig. Signed by John Runyan Geologist	TITLE _____	DATE <u>APR 11 1980</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		