| OF UPIES RECEIVED                      |  |                                    | Form C-103                              |
|--|--|------------------------------------|---|
| DISTRIBUTION                           |  |                                    | Supersedes Old<br>C-102 and C-103       |
| SANTAFE                                | NEW MEXICO OIL CONSERVA  | TION COMMISSION                    | Effective 1-1-65                        |
| FILE                                   |  |                                    |   |
| U.S.G.S.                               |  |                                    | 5a. Indicate Type of Lease              |
| LAND OFFICE                            |  |                                    | State G Fee                             |
| OPERATOR                               |  |                                    | 5. State Oll & Gas Lease No.            |
|  |  |                                    | H-1320                                  |
| IDD NOT USE THIS FORM FOR P            | RY NOTICES AND REPORTS ON WELL<br>ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO<br>ALTION FOR PERMIT -" (FORM C-101) FOR SUCH PROPO | A DIFFERENT RESERVOIR.             |   |
| L.<br>OIL GAS WELL                     | OTHER-   |                                    | 7. Unit Agreement Name                  |
| 2. Name of Operator                    |  |                                    | 8, Farm or Lease Name                   |
| Exxon Corporation                      |  |                                    | ALEW MEXICO "K" STAT                    |
| 3. Address of Operator                 |  |                                    | 9. Well No.                             |
| P.O. Box 1600, Mid                     | ' 9  |                                    |   |
| 4. Location of Well                    |  | 12.20 2                            | 10. Field and Pool, or Wildcat          |
| UNIT LETTER N_                         | VACUUM (GR.S.H.)   |                                    |   |
|  |  |                                    |   |
| THE MEST LINE, SECT                    | TION 28 TOWNSHIP 175   | RANGE 35-E NMPM.                   |   |
|  |  |                                    |   |
|  | 15. Elevation (Show whether DF, RT   |                                    | 12. County<br>Lea                       |
| <u> </u>                               | 3945 LK  | ·                                  |   |
| Check                                  | Appropriate Box To Indicate Nature   | of Notice, Report or Oth           | er Data                                 |
| NOTICE OF                              | INTENTION TO:  | SUBSEQUENT                         | REPORT OF:                              |
| PERFORM REMEDIAL WORK                  | PLUG AND ABANDON REME  |                                    | ALTERING CASING                         |
| H                                      |  | MENCE DRILLING OPNS.               | PLUG AND ABANDONMENT                    |
| TEMPORARILY ABANDON                    |  | NG TEST AND CEMENT JOB             |   |
| PULL OR ALTER CASING                   |  | THER SG LEAKS                      | SURVEL M                                |
| `````````````````````````````````````` |  |                                    |   |
| OTHER                                  | L_   |                                    |   |
| 17. Describe Proposed or Completed     | Operations (Clearly state all pertinent details, an  | id give pertinent dates, including | estimated date of starting any proposed |

work) SEE RULE 1103.

- 1. Clean out cellar to surface casing.
- surface casing to above ground level with Install bleeder line from 10.3/4'' control value at surface. 2.
- Install bleeder line from 75/p " control value at surface. intermediate casing to above ground level with 3.

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

| S IGNED     | DX Clemmer             | TITLE Unit Head | DATE 2-3-77 |
|-------------|------------------------|-----------------|-------------|
|             | Outg. Start in         |                 | с 17 1947.  |
| APPROVED BY | S OF APPROVAL, IF ANY: | TITLE           |             |