De OPIES RECEIVED	Form C-103 Supersedes Old
DISTRIBUTION DESCRIPTION COL	C-102 and C-103  MMISSION Effective 1-1-65
NEW MEXICO OIL CONSERVATION CO	WW1221OM SHOCKIAA 1-1-02
E	5a. Indicate Type of Lease
.G.5.	State Fee
ND OFFICE	5. State Oil & Gas Lease No.
ERATOR	A-1326
	minimin -
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DELL OR TO DEEPEN OR PLUG BACK TO A DIFFERENCE OF THIS FORM C-1011 FOR SUCH PROPOSALS.)	TRESERVOIR.  7. Unit Agreement Name
OIL GAS OTHER-	
Name of Operator	8. Form or Lease Name
Exxon Corporation	NEW MEXICOK STATE
Address of Operator	9. Well No.
P.O. Box 1600, Midland, Texas 79702	, 20
6 18 - 11	10. Field and Pool, or Wildcat
130 FEET FROM THE 5 LINE AND 2	308 PEET PROM VACUE MGLONIETA
THE E LINE, SECTION 32 TOWNSHIP 17-5 RANGE	WILLIAM TO THE STATE OF THE STA
THE LINE, SECTION TOWNSHIP RANGE	W. (1)
15. Elevation (Show whether DF, RT, GR, etc.	.) 12. County
3969 D.F.	Lea ()
//////////////////////////////////////	ing Papart of Other Data
Check Appropriate Box To Indicate Nature of Not NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
RFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
EMPORARILY ABANDON COMMENCE DRIL	LING OPHS. PLUS AND ABANDOHMENT
JLL OR ALTER CASING CASING TEST AN	ID CEMENT JQB
OTHER CAN	GLEHK SURVEY
GTHER	· ·
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pe	rtinent dates, including estimated date of starting any proposed
work) SEE RULE 1603.	
1. Clean out cellar to surface casing.	
2. Install bleeder line from 850' surface casing to above ground level with control valve at surface.	
3 NO INTERMEDIATE CASING IN THIS WELL.	
the state of the s	
•	
8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Unit Hea	d DATE 2-5-17
	√ ≥ 407/
	14 9//
PPROVED BY TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY!