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LAND OFFICE		
OPERATOR		

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. B-935	
7. Unit Agreement Name	
8. Farm or Lease Name NEW MEXICO "G" STATE	
9. Well No. 19	
10. Field and Pool, or Wildcat ERMONT YATES SEVEN RIVERS	
12. County LEA	

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.)

OIL WELL GAS WELL OTHER

1. Name of Operator
EXXON CORPORATION

2. Address of Operator
Box 1600, MIDLAND, TEXAS 79701

3. Location of Well
UNIT LETTER **0** **660** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **East** LINE, SECTION **23** TOWNSHIP **21-S** RANGE **36-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3,563' D.F.

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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.

SEE PROCEDURE SHEET ATTACHED.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE WELL TO BE APPROVED.

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

SIGNED **D.L. Clemmer, D.L. CLEMMER** TITLE **UNIT HEAD** DATE **3-2-76**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: