Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	F.O. Bux 2006 Santa Fe. New Mexico 87504-2088		WELL API NO. 30-025-04782
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			300-250-4782 5. Indicate Type of Lease
DISTRICT III		STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			B-93S
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)			NEW MEXICO "G" STATE
1. Type of Well: OIL GAS WELL X WELL	OTHER		
. Name of Operator		8. Well No.	
EXXON CORPORATION 3. Address of Operator		6	
P.O. BOX 1600 MIDLAND, TEXAS 79702			9. Pool name or Wildcat ELMONT YATES 7 RURS (PRO GAS)
4. Well Location 77 Unit Letter 9 660	L D D D FSI	66	· · · · · · · · · · · · · · · · · · ·
Unit Letter : 660			Feet From The Line
Section 25 2		tange 36E	NMPM LEA County
	10. Elevation (Show wheth	her DF, RKB, RT, GR, etc	£.)
11. Check Ap	propriate Box to Indicate	Nature of Notice,	Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	DI NO AND ADANDON	DEMEDIAL MICH	
	PLUG AND ABANDON	REMEDIAL WORK	L ALTERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT X
PULL OR ALTER CASING	CASING TEST AND CE		MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent de	tails, and give pertinent da	tes, including estimated date of starting any proposed
"C" CMT UN PERF @ 153	30'; RIH W/ CMT RET TO 1430	SXS ON TOP FROM 30)'; MIX & PMP 43 SX	MIX & PUMP 110 SXS CLASS 330' TO 2843'; POOH W/ TBG; (S BELOW & 25 SXS ON TOP OF 5 SXS CLASS "C" CMT TO SURF.
3 1/E (KE)	, 10011 W/ 100, 1211 6 370	, CIRC HOLL W/ 125	SAS CLASS C CHI TO SURF.
MIX & PUMP 64 BBLS MLF 25# PER BBL.			
I hereby certify that the information above is to	rue and complete to the best of my knowleds	ge and belief.	
SIGNATURE SIGNATURE	Holds In	TLE AGENT	DATE 8-19-96
TYPE OR PRINT NAME JOEY FIRLDS	<u></u>		TELEPHONE NO. (915)563-0430
(This space for State Use)	41 // 4		Mr. Volence
APPROVED BY]. L[:0])	n e	C M ·· ·