

DISTRICT I  
1625 N. French, Hobbs, NM 88240

DISTRICT II  
811 South First, Artesia NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
Permits  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

AUG 16 1999

WELL API NO.  
**3002504817**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**B-935**

7. Lease Name or Unit Agreement Name  
**New Mexico B State**

8. Well No.  
**1**

9. Pool name or Wildcat  
**Eumont Yates 7 Rvrs Qn (Pro Gas)**

**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. Type of Well:  
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
**Exxon Corp.**

3. Address of Operator **P. O. Box 4358**  
**Houston TX 77210-4358**

4. Well Location  
Unit Letter **e** : **1980** Feet From The **North** Line and **660** Feet From The **West** Line  
Section **29** Township **21S** Range **36E** NMPH **Lea** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3648 GR**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

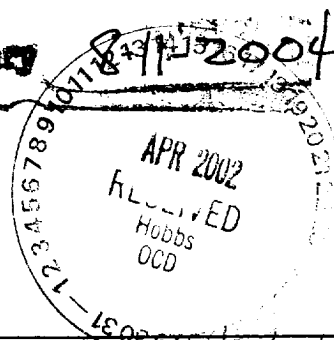
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **Temporary Abandonment** ☒

12. 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.

**5/19/99 Set CIBP @ 3250 with 35' cement on top.**  
**5/19/99 Chart ran and attached. Pressure 500# for 30 minutes.**

**Well at TA status.**

**This Approval of Temporary  
Abandonment Expires**



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

SIGNATURE Allison Myrow TITLE **Staff Office Assistant**

TYPE OR PRINT NAME **Allison Myrow**

TELEPHONE NO. **(713) 431-1213**

(This space for State Use)  
**ORIGINAL SIGNED BY**

**GARY WINK**  
**FIELD REP. II**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE **8-11-99**

CONDITIONS OF APPROVAL IF ANY: