

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

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" (FORMC-101) FOR SUCH PROPOSALS.)		WELL API NO. 3002509958
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION		6. State Oil & Gas Lease No. 37721
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name PADDOCK (SAN ANGELO) UNIT
4. Well Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 2 Township 22S Range 37E NMPM LEA County		8. Well No. 29W
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3368		9. Pool name or Wildcat PADDOCK

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: **TEMPORARILY ABANDON** ☒

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.

12/06/95 MIRU
12/07/95 RIH AND SET CIBP @ 4980' DUMP BAIL 35' CMT ON TOP OF PLUG
12/08/95 LEFT 66JTS 2 3/8" TBG IN WELL THIS WELL IS T/A/

This Approval of Temporary
Abandonment Expires

Shut in

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

SIGNATURE Sharon B Timlin TITLE Sr. Staff Office Assistant DATE 12/19/95

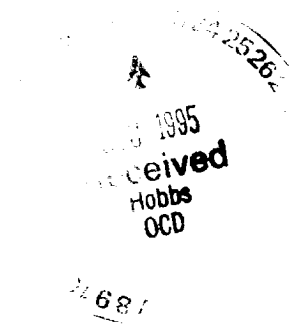
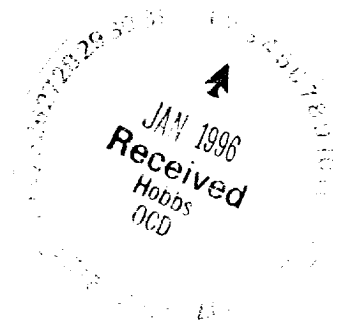
TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

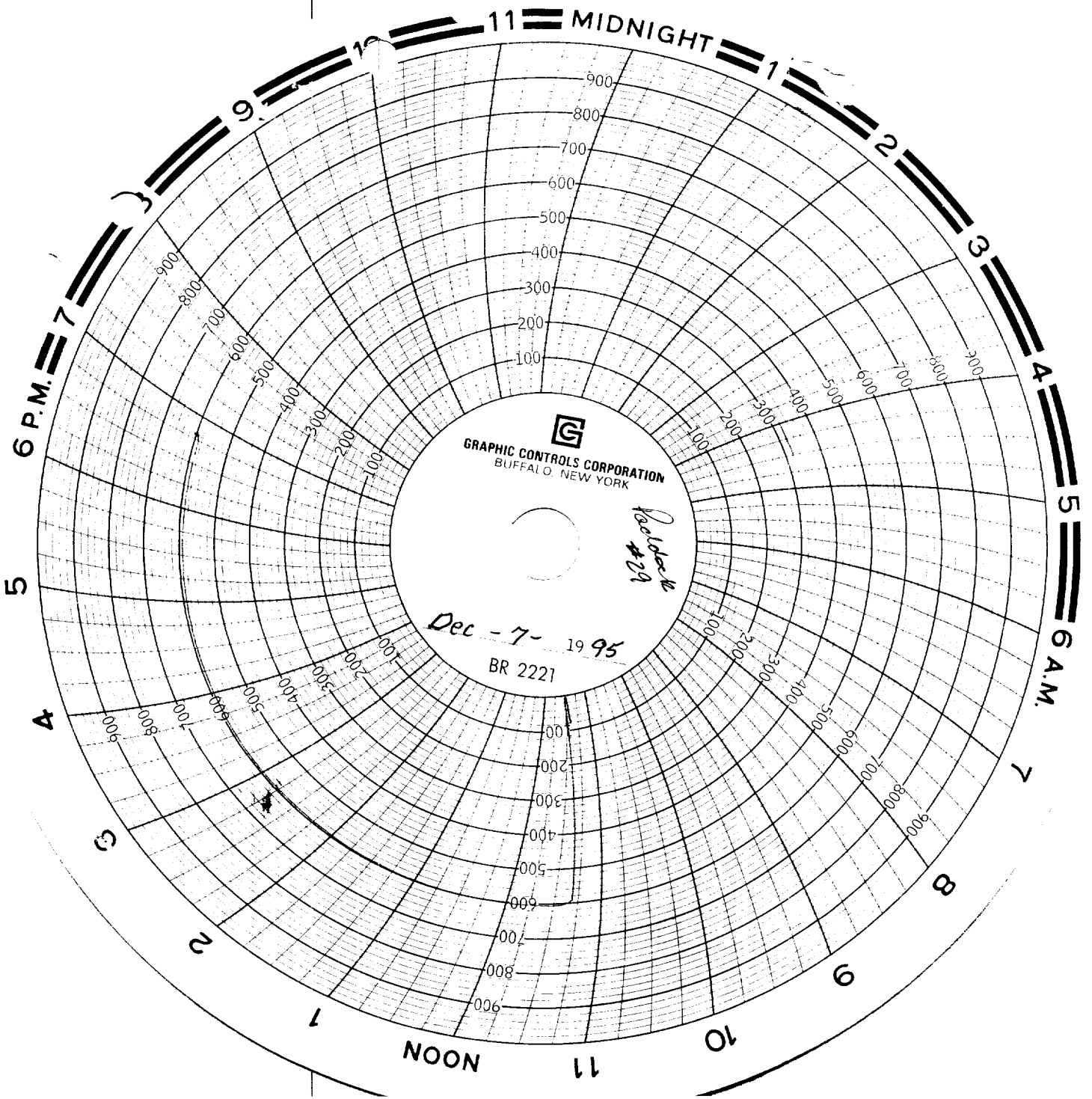
(This space for State Use)
APPROVED BY APPROVED BY JERRY SEXTON
SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 0 1996





Exxon USA
Paddock #29
Chaparral Service
12-7-95
Frankie Ahead
Cap. Annulus Test