

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

OIL CONSERVATION DIVISION

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

P O. Box 2088

Santa Fe, New Mexico 87504-2088

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

WELL API NO. <b>3002509968</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>37721</b>
7. Lease Name or Unit Agreement Name <b>PADDOCK (SAN ANGELO) UNIT</b>
8. Well No. <b>174</b>
9. Pool name or Wildcat <b>PADDOCK</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3380 RDB</b>

**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.)

1. Type of Well:  
OIL WELL  GAS WELL  **X OTHER ~~WELL~~**

2. Name of Operator  
**EXXON CORPORATION**

3. Address of Operator  
**ATTN: REGULATORY AFFAIRS  
P. O. BOX 1600  
MIDLAND, TX 79702**

4. Well Location  
Unit Letter **E** : **1980** Feet From The **NORTH** Line and **660** Feet From The **WEST** Line  
Section **2** Township **22S** Range **37E** NMPM **LEA** County

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: \_\_\_\_\_

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.

*CIIP Set 4990 243519 End 3 19 86*

**AUTHORIZATION TO TA WAS GRANTED 5-7-86. INTENT IS TO REENTER AND TEST CSG. INTEGRITY PER RULE 203,C,1,A. IF TEST IS SUCCESSFUL IT IS REQUESTED THAT TA STATUS BE RENEWED FOR 5 YEARS.**

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

SIGNATURE *Alex M. Correa* TITLE Administrative Specialist DATE 12/03/92

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE DEC 07 92

CONDITIONS OF APPROVAL, IF ANY: