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UNIT A.F.C.	
U.C.	
S.G.S.	
AND OFFICE	
PERATOR	

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 ☒ Fee ☐
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Form or Lease Name
Paddock <i>Unit</i>
9. Well No.
30
10. Field and Pool, or Valued
Paddock
12. County
Lea

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR NOTICES TO WELL OWNERS TO RETURN OR FILE BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR REPORT ON (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Exxon Corporation

Address of Operator
Box 1600, Midland, Texas 79702

Location of Well
UNIT LETTER J 1980 FEET FROM THE S LINE AND 1980 FEET FROM
THE E LINE, SECTION 2 TOWNSHIP 22-S RANGE 37-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3353' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
WELL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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.

1. Set CIBP at 4945' on wireline spot 10 sx. cmt. plug at 4945'. Spot 20 sx. plug @ 3800, 20 sx. plug at 3300'.
2. Spot 30 sx cmt. plug at 1200'. Cut and pulled 5 1/2" csg. at 780'.
3. Spot 30 sx. cmt plug at 830, 30 sx plug at 415, and 10 sx plug at surface.
4. Installed dry hole marker as required by NMOCC.
5. C-103 will be forwarded when location is cleaned and leveled.

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

SIGNED <u>B. C. Sanders</u>	TITLE <u>Unit Head</u>	DATE <u>6-26-79</u>
APPROVED BY <u>Eddie Wilkey</u> (AAP)	TITLE <u>OIL & GAS INSPECTOR</u>	DATE <u>AUG 10 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		