Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

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

OIL CONSERVATION DIVISION

Revised 1-1-89

DISTRICT II P.O. Drawer DD, Artesia, NM 88210  P.O. Box 2088  Santa Fe, New Mexico 87504-2088  DISTRICT III		3002520390		
		5. Indicate Type of Lease STA	TE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No B-934	).
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.)				
			7. Lease Name or Unit Agre	
1. Type of Well:	· · · · · · · · · · · · · · · · · · ·		NEW MEXICO S STA	.IE
OIL X GAS WELL  2. Name of Operator	OTHER		8. Well No.,	
EXXON CORP			241/	
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702			9. Pool name or Wildcat	ente color
4. Well Location	X ///OL		Description of the second	
Unit LetterJ: 1650 Feet From	n The <b>SOUTH</b> Line and	1980 Feet Fr	rom The <b>EAST</b>	Line
Section 2 Townsh	ip 22S Range		M LEA	County
	10. Elevation   Show whether	DF, RKB, RI, GR, etc.)		
Check Appr	opriate Box to Indicate N	Nature of Notice, R	Report, or Other D	ata
NOTICE OF INTI	ENTION TO:	SUBS	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	□ A	LTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	LING OPNS. P	LUG & BANDONMENT
PULL OR ALTER CASING CASING TEST AND			CEMENT JOB	
OTHER: OTHER: <b>SQZ_AB</b> (			PERFS AND A	DD ABO PERF
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, and	give pertinent dates, including	g estimated date of starting an	y proposed
6/24/91 STRING #2 DO 6/28/91 SQZ ABO PERI	FS W/50 SX CLASS ( RFS W/50 SX CLASS D DOWN TO 6805' ET CIBP @ 6000 DUN ERF 6505 TO 7173	C CMT 57673	OF CMT ON TOP	OF PLUG
I hereby certify that the information above is true and SIGNATURE HOLDON		oelief. Sr.Staff Office A	ssistant no	10/30/92
TYPE OR PRINT NAME Sharon B.			5) 688-6166 TEL	
(This space for State Use)				
ORIGINAL SIGNE	D BY JERRY SEXTON			NOV 0 2 '92
APPROVED BY	SUPERVISOR TITLE		DAT	